

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

MAR 03

PLUM

BY

REPUTY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

White, Julie

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

(530) 354-4124

FAX NUMBER (optional)

[REDACTED]

PHONE (optional)

CITY

Quincy

STATE

CA

ZIP CODE

95971

OFFICE SOUGHT (POSITION TITLE)

Treasurer - Tax Collector

AGENCY NAME

Plumas County

(Name of Multi-County Jurisdiction)

DISTRICT NUMBER, if applicable

[REDACTED]

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

 PRIMARY / GENERAL SPECIAL / RUNOFF

OFFICE JURISDICTION

 State (Complete Part 2.) City County Multi-County:2022
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

No Committee

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

3/3/2022
(month, day, year)

S:

FPPC Form 501 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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