

Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

MAK 03

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

White, Julie A

DAYTIME TELEPHONE NUMBER

(530) 354-4124

FAX NUMBER (optional)

STREET ADDRESS

CITY

Quincy

STATE

CA

ZIP CODE

95971

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

Treasurer - Tax Collector

DISTRICT NUMBER, if applicable

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

PARTY PREFERENCE:
(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

Plumas County
(Name of Multi-County Jurisdiction)

2022
(Year of Election)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

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)

Signature

FPPC Form 501 (August/2018)

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

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