

Candidate Intention Statement

FILED
Date Stamp

CALIFORNIA
FORM

501

Check One: Initial Amendment (Explain) _____

AUG 07 2020

For Official Use Only

KATHLEEN WILLIAMS,
CLERK OF THE RECORDER

BY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Miller, Gayanna M. J.

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER (_____) (_____) (_____) (optional)

(805) 377-4698

CITY

Portola,

STATE

CA

ZIP CODE

90122

OFFICE SOUGHT (POSITION TITLE)

Plumas Unified School District

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

District 1

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2020

(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.)

(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 8/7/2020
(month, day, year)

Signature

[REDACTED]

Officeholder and Candidate
Campaign Statement -
Short Form

FILED

CALIFORNIA
FORM

470

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AUG 07 2020

KATHLEEN WILLIAMS.

BY

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Gayanna Miller

STREET ADDRESS

[REDACTED]

CITY

Portola

STATE

CA

ZIP CODE

96122

AREA CODE/DAYTIME PHONE NUMBER

(805) 377-6698

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION)

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

<u>N/A</u>		
<u>No Committee</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/7/2020

DATE

By

CANDIDATE

[Clear Form](#)

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