

# Candidate Intention Statement

**FILED** Date Stamp

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

AUG 07 2020

KATHLEEN WILLIAMS,

BY

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

(optional)

Miller, Gayanna H J.

(805) 377-6698

gaymiller2649@gmail.com

STREET ADDRESS

CITY

STATE

ZIP CODE

[Redacted]

Portola,

CA

96122

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

Plumas Unified School District

District 1

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☒ PRIMARY / GENERAL

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

☐ 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 Signature]

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable:  
(Month, Day, Year)

11/3/2020

☐ Amendment (Explain Below)

FILED

AUG 07 2020

KATHLEEN WILLIAMS.

CALIFORNIA  
FORM 470

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1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Gayanna Miller

STREET ADDRESS

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

N/A  
No Committee

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

Print Form