

Candidate Intention Statement

FILED
Date Stamp

CALIFORNIA
FORM

501

Check One: Initial Amendment (Explain) _____

AUG 12 2020

For Official Use Only

KATHLEEN WILLIAMS,

BY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Christian, Jason E

DAYTIME TELEPHONE NUMBER

(530) 746-8824

() _____ (national)

STREET ADDRESS

CITY

STATE

ZIP CODE

Portola

CA

96122

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

Board of Directors Member

Eastern Plumas Health Care District

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

OFFICE JURISDICTION

(Check one box, if applicable.)

State (Complete Part 2.)

2020

PRIMARY / GENERAL

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

(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 August 12 2020
(month, day, year)

Signature

(Candidate)