

Candidate Intention Statement

FILED

CALIFORNIA FORM 501

Check One: ☒ Initial

☐ Amendment (Explain) _____

AUG 12 2020

KATHLEEN WILLIAMS,

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Christian, Jason E

DAYTIME TELEPHONE NUMBER

(530) 746-8824

STREET ADDRESS

CITY

Portola

STATE

CA

ZIP CODE

96122

OFFICE SOUGHT (POSITION TITLE)

Board of Directors Member

AGENCY NAME

Eastern Plumas Health Care District

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

(Check one box, if applicable.)

☒ 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 August 12 2020

(month, day, year)

Signature

(Candidate)