

Candidate Intention Statement

FILED

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☐ Initial ☐ Amendment (Explain) _____

AUG 12 2020

KATHLEEN WILLIAMS,

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Josée Lee Clawson

DAYTIME TELEPHONE NUMBER

(530) 836-1754

FAX NUMBER (optional)

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EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

[Redacted] Graple CA 96103

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

Director

OFFICE JURISDICTION

PARTY PREFERENCE:

(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

9/12/2020

(month, day, year)

Signature