

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM 501

For Official Use Only

AUG 06 2024

Check One: ☐ Initial ☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

Johnston Paula L.

(530) 816-0675

(530) _____

STREET ADDRESS

CITY

STATE

ZIP CODE

Portola CA 96122

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

Trustee Area 1

Feather River College

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☒ 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 _____ that the information provided is true and correct.

Executed on

8/3/2024
(month, day, year)

Signature