

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

Check One: Initial Amendment
(Explain)

For Official Use Only

AUG 06 2024

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Johnston Paula L.

DAYTIME TELEPHONE NUMBER

(530) 816-0675

FAX NUMBER (optional)

551

BY

[REDACTED]

STREET ADDRESS

[REDACTED], Portola CA 96122

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

Trustee Area 1

AGENCY NAME

Feather River College

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

 PRIMARY / GENERAL SPECIAL / RUNOFF

OFFICE JURISDICTION

 State (Complete Part 2.) City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

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 information contained in this statement is correct.

Executed on

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

Signature