

# Candidate Intention Statement

FILED

CALIFORNIA  
FORM

501

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

AUG 10 2020

For Official Use Only

KATHLEEN WILLIAMS,

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

SATCHWELL, LINDA S.

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

530 616-0694

FAX NUMBER (optional)

[REDACTED]

EMAIL (optional)

[REDACTED]

CITY

Gracagle

STATE

CA

ZIP CODE

96103

OFFICE SOUGHT (POSITION TITLE)

DIRECTOR, BOD

AGENCY NAME

EASTERN PLUMAS HEALTHCARE DISTRICT

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2020  
(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 t

Executed on

8/10/2020  
(month/day/year)

Sign

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	FILED AUG 10 2020 KATHLEEN WILLIAMS, BY [REDACTED]	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

LINDA SATCHWELL

STREET ADDRESS

[REDACTED]

CITY

Grangele

AREA CODE/DAYTIME PHONE NUMBER

(530)616-0694

STATE

CA

ZIP CODE

96103

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

DIRECTOR, BOARD OF DIRECTORS  
EASTERN PLUMAS HEALTH CARE DISTRICT

JURISDICTION (LOCATION)

Eastern Plumas Co.

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

NO COMMITTEE

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8/10/2020

DATE

By

[Clear Form](#)

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