

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp

CALIFORNIA
FORM

501

FILED

For Official Use Only

JUL 16 2024

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Shelley Stelzner

DAYTIME TELEPHONE NUMBER

(707) 3017366

FAX NUMBER (optional)

()

STREET ADDRESS

CITY

Chester

STATE

CA

ZIP CODE

96020-9716

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

Seneca Healthcare District Board of Directors Seneca Healthcare District

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

☒ 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 2024-07-16
(month, day, year)

Signature

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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