

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

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

(707) 3017366

FAX NUMBER (optional)

[REDACTED]

CITY

Chester

STATE

CA

ZIP CODE

96020-9716

OFFICE SOUGHT (POSITION TITLE)

Seneca Healthcare District Board of Directors

AGENCY NAME

Seneca Healthcare District

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

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