

Candidate Intention Statement

FILED

Date Stamp: JUL 25 2024

CALIFORNIA FORM 501

Official Use Only

PLUMAS HOSPITAL DISTRICT

BY: [REDACTED]

ORDER

DEPUTY

Check One: ☐ Initial ☐ Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Flanigan, Valerie R. DAYTIME TELEPHONE NUMBER (530) 394 7461 FAX NUMBER (optional) () EMAIL (optional)

STREET ADDRESS [REDACTED] CITY Quincy STATE CA ZIP CODE 95971

OFFICE SOUGHT (POSITION TITLE) Trustee AGENCY NAME Plumas Hospital District DISTRICT NUMBER, if applicable. 2024 ☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.) ☐ State (Complete Part 2.) ☐ City ☐ County ☐ Multi-County: District (Name of Multi-County Jurisdiction) ☒ 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 7-22-24
(month, day, year)

Signature [REDACTED]