

Candidate Intention Statement

FILED

CALIFORNIA
FORM

501

Check One: Initial Amendment
(Explain) _____

Date Stamp

JUL 25 2024
Official Use Only

PLUMAS
BY _____ ORDER

DEPUTY

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

CITY

STATE

ZIP CODE

Quincy

CA

95971

OFFICE SOUGHT (POSITION TITLE)

Trustee

AGENCY NAME

Plumas Hospital District

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County

(Name of Multi-County Jurisdiction)

District

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.

7-22-24

Executed on

(month, day, year)

Signature