

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

FILED
Date Stamp
CALIFORNIA
FORM 501
AUG 07 2024
For Official Use Only
PLUMAS CO. CLERK
BY [REDACTED]

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

THRALL, SHARON JANE

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

(530) 258-3656

FAX NUMBER (optional)

()

EMAIL (optional)

sherrie.thrall@gmail.com

CITY

CHESTER

STATE

CA

ZIP CODE

96020

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DIRECTOR Seneca Health CARE Dist.

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2)

(Check one box, if applicable.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

PRIMARY / GENERAL

(Year of Election)

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

AUG 7, 2024
(month, day, year)

Signature