

Candidate Intention Statement

Check One: ☐ Initial ☐ Amendment
(Explain)

FILED	CALIFORNIA FORM 501
Date Stamp 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 DAYTIME TELEPHONE NUMBER (530) 258-3656 FAX NUMBER (optional) () EMAIL (optional) sherrie.thrall@gmail.com

STREET ADDRESS [REDACTED] CITY CHESTER STATE CA ZIP CODE 96020

OFFICE SOUGHT (POSITION TITLE) DIRECTOR AGENCY NAME Seneca Healthcare Dist. DISTRICT NUMBER, if applicable. [] ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.) ☐ PRIMARY / GENERAL

☐ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) (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

[REDACTED]