

Candidate Intention Statement

Date Stamp **FILED** CALIFORNIA FORM **501**
JUL 16 2024 For Official Use Only
PLUMAS CO. CLERK RECORDER
BY [REDACTED] DEPUTY

Check One: Initial Amendment
(Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Nielsen, Jerri L.	(530) 636-6008	()	
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Chester	CA	96020
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Board of Directors	Seneca Healthcare District		PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION	<input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: Plumas County (Name of Multi-County Jurisdiction) 2024 (Year of Election) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 07/15/2024
(month, day, year)

Signature