

Candidate Intention Statement

Check One: Initial Amendment
(Explain) _____

Date Stamp
FILE
CALIFORNIA
FORM **501**
For Official Use Only
JUL 29 2024

① Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

SAPIR, LEORA

STREET ADDRESS

B.

DAYTIME TELEPHONE NUMBER

707/464-530-

CITY

412-3819

PLUMAS CO. CLERK-RECORDER

BY _____

FAX NUMBER (optional)

(optional) DEPUTY

leora@barzel.org

STATE

ZIP CODE

Sierraville CA 95926

AGENCY NAME

Eastern Plumas Health Care

OFFICE JURISDICTION

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:
(Check one box, if applicable.)

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:

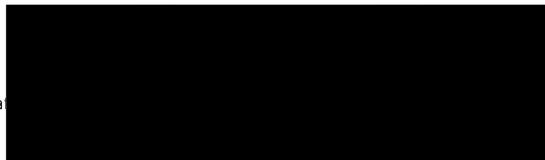
I certify under penalty of perjury under the laws of the

Executed on

07/29/2024

(month, day, year)

Signature



and correct.