

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

Date Stamp <b>FILE</b> JUL 29 2024	CALIFORNIA FORM <b>501</b> For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <b>SAPIR, LEOBA B.</b>	DAYTIME TELEPHONE NUMBER <b>(360) 414-530-412-3819</b>	FAX NUMBER (optional) <b>( )</b>	DEPUTY <b>leoba@barzel.org</b>
STREET ADDRESS <b>[REDACTED] Sierraville CA 96126</b>	CITY <b>Sierraville</b>	STATE <b>CA</b>	ZIP CODE <b>96126</b>
AGENCY NAME <b>Eastern Plumas Health Care</b>		DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	
		<b>2024</b> (Year of Election)	

## 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 \_\_\_\_\_ and correct.

Executed on

**07/29/2024**  
(month, day, year)

Signature

[REDACTED]