

Candidate Intention Statement

Date Stamp FILE JUL 29 2024	CALIFORNIA FORM 501 For Official Use Only
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Check One: ☒ Initial ☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	PLUMAS HEALTH CARE DISTRICT DEPUTY
Paul Swanson MD	(916) 932-3391	()	paul.swanson@ephc.org
STREET ADDRESS	CITY	STATE	ZIP CODE
	Portola	CA	96122
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Director	Eastern Plumas Health Care District		PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	2024 (Year of Election) <input type="checkbox"/> SPECIAL / RUNOFF		
(Name of Multi-County Jurisdiction)			

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 7/20/2024 Signature [Redacted]
(month, day, year) (Candidate)