

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
FILED	
For Official Use Only	
AUG 05 2024	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Kenneth G. Crandall	(530) 258 - 7899	()	
STREET ADDRESS	CITY		
	Chester		
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Seneca Healthcare District Board	Seneca Healthcare		
OFFICE JURISDICTION	PARTY PREFERENCE:		
<input type="checkbox"/> State (Complete Part 2.)	(Check one box, if applicable.)		
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
(Name of Multi-County Jurisdiction)	<input type="checkbox"/> SPECIAL / RUNOFF		
	2024	(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

8/5/24
(month, day, year)

Signature

[Redacted Signature]