

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)

Kenneth G. Crandall

DAYTIME TELEPHONE NUMBER

(530) 258 - 7899

FAX NUMBER (optional)

()

EMAIL (optional)

STREET ADDRESS

CITY

Chester

OFFICE SOUGHT (POSITION TITLE)

Seneca Healthcare District Board

AGENCY NAME

Seneca Healthcare

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

2024

PRIMARY / GENERAL

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

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

and correct.

Executed on

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

Signature