

Candidate Intention Statement

FILED

CALIFORNIA
FORM

501

Check One: Initial Amendment
(Explain)

Date Stamp

AUG 08 2024

For Official Use Only

PLUMAS CO. CLERK-RECORDER

BY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Wade, Danna S.

STREET ADDRESS

OFFICE SOUGHT (POSITION TITLE)

Treasurer

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

DAYTIME TELEPHONE NUMBER

530 233 9189

CITY

Chester

FAX NUMBER (optional)

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EMAIL (optional)

dswnmd@severecarehospital.org

STATE

CA

96020

ZIP CODE

DISTRICT NUMBER, if applicable.

3

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

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 State of California that the foregoing is true and correct.

Executed on

Signature

8/8/24

(Candidate)