

# Candidate Intention Statement

Check One: ☐ Initial ☐ Amendment  
(Explain)

FILED

Date Stamp

AUG 08 2024

CALIFORNIA  
FORM 501

For Official Use Only

PLUMAS CO. CLERK RECORDER  
BY [REDACTED]

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Wave, Danna S.

DAYTIME TELEPHONE NUMBER

530 233 9189

FAX NUMBER (optional)

EMAIL (optional)

dswmd@Senevalhospital.org

STREET ADDRESS

CITY

Chester

STATE

CA

ZIP CODE

96020

OFFICE SOUGHT (POSITION TITLE)

Twghee

AGENCY NAME

FRC

DISTRICT NUMBER, if applicable.

3

☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(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)

FPPC Form 501 (August/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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