

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

Date Stamp

CALIFORNIA  
FORM 501

For Official Use Only

AUG 07 2024

PLUMAS COUNTY CLERK RECORDER

BY

PUTY

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

SATCHWELL, LINDA S.

530 616.0694 ( )

STREET ADDRESS

CITY

STATE

ZIP CODE

DIRECTOR, Board of Directors, Eastern Plumas Health Care

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☒ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

CL19, CA 96106

PARTY PREFERENCE:

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ 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 State of California that the foregoing is true and correct.

Executed on

8/16/2024  
(month, day, year)

Signature