

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only
AUG 07 2024

PLUMAS CO. CLERK-REORDER
BY [REDACTED] PUTY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

SATCHWELL, LINDA S.

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

CITY

FAX NUMBER (optional)

STATE

EMAIL (optional)

ZIP CODE

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)

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 information contained in this statement is true and correct.

Executed on

8/07/2024
(month, day, year)

Signature