

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp FIL MAR 10 2022	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Garner, Margaret M DAYTIME TELEPHONE NUMBER 775 229 3140 FAX NUMBER (optional) _____ BY Mimi Garner for Supervisor@gmail.com

STREET ADDRESS [REDACTED] CITY Blairden STATE CA ZIP CODE 96103

OFFICE Sought (Position Title) District 5 Plumas County Supervisor AGENCY NAME _____ DISTRICT NUMBER, if applicable, 5 ☐ 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.)

☐ State ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

2022
(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

3/10/2022
(month, day, year)

Signature

[REDACTED SIGNATURE]

Candidate Intention Statement

CALIFORNIA
FORM 501

Who Files:

A candidate for state or local office must file this form for each election, including reelection to the same office. Exception: Candidates for county central committee that do not raise or spend \$2,000 or more in a calendar year are not required to file a Form 501.

When to File:

File the Form 501 before you solicit or receive any contributions or before you make expenditures from personal funds on behalf of your candidacy. This form is considered filed the date it is postmarked or hand delivered. Ensure campaign deadlines are met. Go to www.fppc.ca.gov for most campaign disclosure filing schedules or check with your local filing officer.

Where to File:

State Candidates (including Judges):

Secretary of State
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814
Phone (916) 653-6224
www.sos.ca.gov

Local Candidates:

Generally your county election office or city clerk.
Electronic filing may be required.

Bank Account:

A separate campaign bank account must be established including for campaigns that are self-funded by the candidate. A bank account is not required if a candidate will not receive any contributions or make personal expenditures of less than \$2,000 in a calendar year. The filing and statement of qualification fees are not included in calculating the \$2,000.

How to Complete:

All candidates: Complete Parts 1 and 3.

Candidates for elective state office: Complete Parts 1, 2, and 3.

Exception: Candidates for an election to the California Public Employees' Retirement Board, the State Teachers' Retirement Board, judges, and judicial candidates do not complete Part 2.

Part 1. Candidate Information

- Enter your name and street address.
- Enter the title of the office sought, agency name, and district number if any (e.g., City Council Member, City of Smalltown, Dist. 5).
- Enter your political party preference if seeking a partisan office. For a list of qualified political parties, go to: www.sos.ca.gov/elections/political-parties/qualified-political-parties/.
- Check the appropriate box regarding the office's jurisdiction.

Part 2. Voluntary Expenditure Ceiling

This section applies to certain candidates for elective state office, including State Senate and Assembly and statewide offices.

The voluntary expenditure ceiling applicable to your office is set forth in FPPC Regulation 18545. You must state whether you accept or reject the expenditure ceiling. Candidates who accept the voluntary expenditure limit will be designated in either the state voter information guide (statewide candidates) or the county voter information guide (Senate and Assembly candidates) and may purchase space for a 250-word statement there.

You may amend the Form 501 to change your

acceptance or rejection of the voluntary expenditure ceiling only under the following circumstances:

- Between the date of filing an initial Form 501 for an election and the deadline for filing nomination papers for that election, you may amend your statement of acceptance or rejection of the voluntary expenditure ceiling no more than two times as long as the limit has not been exceeded.
- If you reject the voluntary expenditure ceiling in the primary or special election but do not exceed the ceiling during that election, you may amend the Form 501 to accept the expenditure ceiling for the general or special runoff election and receive all of the benefits accompanying the acceptance of the expenditure ceiling. The amended Form 501 must be filed within 14 days following the primary or special election.

Personal Funds Notification:

You must disclose, if applicable, the date you contribute personal funds to your own campaign that exceed the expenditure ceiling. File an amended Form 501 within 24 hours by guaranteed overnight delivery, personal delivery, or, if applicable, by electronic means.

Part 3. Verification

The verification is signed under penalty of perjury. This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee.

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below)
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Margaret "Mimi" Garner</u>		
STREET ADDRESS <u>[REDACTED]</u>		
CITY <u>Blairden</u>	STATE <u>CA</u>	ZIP CODE <u>96103</u>
AREA CODE/DAYTIME PHONE NUMBER <u>775-229-3140</u>		OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>Plumas County Board of Supervisor District 5</u>	DISTRICT NUMBER (IF APPLICABLE) <u>5</u>
JURISDICTION (LOCATION) <u>Plumas County</u>	

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>ASOF This Date</u> <u>None</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/10/2022
DATE

By [REDACTED]