

# Candidate Intention Statement

Date Stamp	51	CALIFORNIA FORM	501
For Official Use Only			
FEB 08 2022			
PLUMAS CO. CLERK-RECORDER			
BY	TY		

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

ENGEL JEFF A.

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

(530) 218-3665

FAX NUMBER (optional)

( )

EMAIL

[REDACTED]

CITY

Clio

STATE

CALIF

ZIP CODE

96106

OFFICE SOUGHT (POSITION TITLE)

SUPERVISOR

AGENCY NAME

PLUMAS COUNTY

DISTRICT NUMBER, if applicable.

5

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2022

(Year of Election)

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

2 - 7 - 2022

(month, day, year)

sig

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)

6-7-2022

**Amendment** (Explain Below)

Date Stamp

**FIL**

CALIFORNIA  
FORM

**470**

For Official Use Only

FEB 08 2022

PLUMAS CO. CLERK RECORDER  
BY [REDACTED]

TY

1. Statement Covers Calendar Year 20 \_\_\_\_.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

JEFF ENGEL

STREET ADDRESS

Clio

CALIF 96106

CITY

STATE

ZIP CODE

530-218-3665

ENGEL.DIST.5@GMAIL.COM

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SUPERVISOR

JURISDICTION (LOCATION)

PLUMAS

DISTRICT NUMBER  
(IF APPLICABLE)

5

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>N/A</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 2-7-2022

DATE

(Jan/2016)

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

Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

<input type="checkbox"/> <b>Amendment</b> (Explain Below) <hr/> <hr/>	Date Stamp	<b>CALIFORNIA FORM 470 SUPPLEMENT</b>
		For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

JEFF ENGEL

NAME OF OFFICEHOLDER OR CANDIDATE

[REDACTED]

STREET ADDRESS

Clio

CITY

CALIF

STATE

96106

ZIP CODE

530-218-3665

AREA CODE/DAYTIME PHONE NUMBER

ENGEL.DIST. 5 @ GMAIL.COM

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Office Sought**

SUPERVISOR

OFFICE SOUGHT

6-7-2022

DATE OF ELECTION (MONTH, DAY, YEAR)

DISTRICT NUMBER  
(IF APPLICABLE)

5

**3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

N/A

(MONTH, DAY, YEAR)

Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

**Amendment** (Explain Below)

Date Stamp

CALIFORNIA  
FORM  
**470**  
SUPPLEMENT

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

JEFF ENGEL

NAME OF OFFICEHOLDER OR CANDIDATE

[REDACTED]

STREET ADDRESS

Clio

CALIF.

96106

CITY

STATE

ZIP CODE

530-218-3665

AREA CODE/DAYTIME PHONE NUMBER

ENGEL.DIST. 5 @ GMAIL.COM

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

SUPERVISOR

OFFICE SOUGHT

6-7-2022

DATE OF ELECTION (MONTH, DAY, YEAR)

DISTRICT NUMBER  
(IF APPLICABLE)

5

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

N/A

(MONTH, DAY, YEAR)