

# Candidate Intention Statement

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

Date Stamp	<b>CALIFORNIA FORM 501</b>
For Official Use Only	
FEB 08 2022	
PLUMAS CO. CLERK-RECORDER	

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) ENGEL JEFF A. DAYTIME TELEPHONE NUMBER (530) 218-3665 FAX NUMBER (optional) \_\_\_\_\_ EMAIL ENGEL.DIST.5@GMAIL.COM

STREET ADDRESS [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 (Check one box, if applicable.)

☐ State (Complete Part 2.) ☒ County ☐ Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.)

☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

Year of Election: 2022

## 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

[REDACTED SIGNATURE]

Officeholder and Candidate  
Campaign Statement –  
Short Form

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

6-7-2022

☐ Amendment (Explain Below)

Date Stamp  
**FIL**  
FEB 08 2022  
PLUMAS CO. CLERK-RECORDER  
BY [REDACTED]

CALIFORNIA  
FORM 470  
For Official Use Only

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

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

JEFF ENGEL

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

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



Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement

☐ Amendment (Explain Below)

Date Stamp

CALIFORNIA  
FORM

470  
SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

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

OFFICE SOUGHT

SUPERVISOR

6-7-2022  
DATE OF ELECTION (MONTH, DAY, YEAR)

DISTRICT NUMBER  
(IF APPLICABLE)

5

3. Date Contributions Totalling \$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

☐ Amendment (Explain Below)

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FORM

470  
SUPPLEMENT

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JEFF ENGEL  
NAME OF OFFICEHOLDER OR CANDIDATE

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

OFFICE SOUGHT

SUPERVISOR

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)