

FILED

## Candidate Intention Statement

Date Stamp  
MAR 22 2022CALIFORNIA  
FORM 501

For Official Use Only

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

BY: [REDACTED]

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

McGowan, Thomas M.

DAYTIME TELEPHONE NUMBER

(530) 259-5444

FAX NUMBER (optional)

( )

EMAIL (optional)

tom.m.mcgowan@gmail.com

STREET ADDRESS

[REDACTED]

CITY

Chester

STATE

Ca

ZIP CODE

96020

OFFICE SOUGHT (POSITION TITLE)

County Supervisor

AGENCY NAME

Board of Supervisors

DISTRICT NUMBER, if applicable.

3

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)☐ City☒ County☐ Multi-County:

(Name of Multi-County Jurisdiction)

2022  
(Year of Election)☒ 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.

X

Executed on

3/21/2022  
(month/day/year)

Signature

[REDACTED]

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

FILED Date Rec'd  
MAR 22 2022

CALIFORNIA  
FORM 470

For Official Use Only

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

☐ Amendment (Explain Below)

PLUM

BY

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Thomas M. McGowan

STREET ADDRESS

 Chester Ca 96020

CITY

STATE

ZIP CODE

290 530 259-5444

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

County Supervisor

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

3

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

NO COMMITTEE

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

MARCH 22, 2022

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE