

Candidate Intention Statement

Date Stamp
MAR 22 2022CALIFORNIA
FORM

501

Check One: Initial Amendment (Explain) _____

PLUMAS CO. CLERK RECORDER

BY _____

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

McGowan, Thomas M.

DAYTIME TELEPHONE NUMBER

(530) 259-5444

FAX NUMBER (optional)

() () tom.m.mcgowan@gmail.com

STREET ADDRESS

CITY

STATE

ZIP CODE

Chester

Ca 96020

OFFICE SOUGHT (POSITION TITLE)

County Supervisor

AGENCY NAME

Board of Supervisors

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

3

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.

Executed on _____

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

Signature _____

Officeholder and Candidate
Campaign Statement –
Short Form

FILED
Date of filing
by [redacted]

CALIFORNIA
FORM
470

For Official Use Only

MAR 22 2022

PLUM

BY [redacted]

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

MAR 22, 2022

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE