

# Candidate Intention Statement

Check One: ☐ Initial ☐ Amendment  
(Explain)

Date Stamp	<b>FILED</b>	<b>CALIFORNIA FORM 501</b>
AUG 01	2024	For Official Use Only
PLUMAS	ORDER	
BY		DEPUTY

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) John Joseph Sheehan DAYTIME TELEPHONE NUMBER 953 9124 FAX NUMBER (optional)  EMAIL (optional) sheehanjohnjo@gmail.com

STREET ADDRESS [REDACTED] CITY Quincy STATE CA ZIP CODE 95971

OFFICE Sought (If Position Title) Trustee AGENCY NAME Plumas AREA Feather River College DISTRICT NUMBER, if applicable.  ☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ City ☒ County ☐ Multi-County:  (Name of Multi-County Jurisdiction) PARTY PREFERENCE: 2024 ☒ 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 8 1 24  
(month, day, year)

Signature

FPPC Form 501 (August/2023)

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

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