

Candidate Intention Statement

FILED
Date Stamp CALIFORNIA FORM 501
AUG 01 2024 For Official Use Only
PLUMAS COUNTY BOARD OF ELECTIONS
BY [REDACTED] ORDER
DEPUTY

Check One: Initial Amendment
(Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

JOHN Joseph Sheehan

DAYTIME TELEPHONE NUMBER

530 953 9124

FAX NUMBER (optional)

EMAIL (optional)

sheehanjohnjo@gmail.com

STREET ADDRESS

[REDACTED]

CITY

Ruins CA

STATE

ZIP CODE

95971

OFFICE SOUGHT (POSITION/TITLE)

Trustee Plumas Area 4 Feather River College

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

PARTY PREFERENCE
(Check one box, if applicable.)

State (Complete Part 2.)

PRIMARY / GENERAL

City County

Multi-County: _____

(Name of Multi-County Jurisdiction)

(Year of Election)

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 S

Executed on

8 1 24
(month, day, year)

Signature

[REDACTED]