

FILED

Candidate Intention Statement

Date Stamp

DEC 05 2019

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☒ Initial

☐ Amendment (Explain) _____

BY _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

CAMERON, GREG

DAYTIME TELEPHONE NUMBER

(530) 394-4352

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

PO Box 1386

CITY

QUINCY

STATE

CA

ZIP CODE

95971

OFFICE SOUGHT (POSITION TITLE)

COUNTY SUPERVISOR

AGENCY NAME

PLUMAS COUNTY

DISTRICT NUMBER, if applicable.

2

☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2020

(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

12-4-2019

(month, day, year)

Signature