

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Philip Shannon</i>		Date of This Filing <i>1/22/20</i>	Date Stamp FILED <i>JAN 22 2020</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>530-284-1329</i>	I.D. NUMBER (if applicable) <i>not yet received</i>	Report No. _____		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Crescent Mills</i>	STATE <i>CA</i>	ZIP CODE <i>95974</i>	No. of Pages _____	

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER
BY [REDACTED]

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<i>1/21/2020</i>	<i>Robert Shannon</i> [REDACTED] <i>Templeton, CA 93465</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Relative</i>	<i>1,000⁰⁰</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: *\$1,000⁰⁰ donation*

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Officeholder and Candidate
Campaign Statement -
Short Form

FILED

CALIFORNIA
FORM 470

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

3/3/2020

☐ Amendment (Explain Below)

JAN 22 2020

KATHLEEN WILLIAMS,

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1. Statement Covers Calendar Year 20

19. less than \$2,000 in 2019

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Philip Charles Shannon

STREET ADDRESS

[REDACTED]

ZIP CODE

Crescent Mills

CA 95934

AREA CODE/DAYTIME PHONE NUMBER

530-284-1329

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Supervisor

JURISDICTION (LOCATION)

Plumas County

DISTRICT NUMBER
(IF APPLICABLE)

2

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

TO Elect Phil Shannon
for Supervisor
Not yet received ID number

COMMITTEE ADDRESS

PO Box 125
Crescent Mills, CA
95934

NAME OF TREASURER

Gloria A. Shannon

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

1-22-2020

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

Date Stamp
RECEIVED

JAN 22 2020

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number

(if applicable)

NOT yet received

NAME OF COMMITTEE

Committee to elect Phil Shannon
Supervisor

CITY

Crescent Mills

STATE

CA

ZIP CODE

95934

AREA CODE/PHONE

530 284-1329

FULL MAILING ADDRESS (IF DIFFERENT)

P.O. Box 125 Crescent Mills, CA 95934

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

philipshannon2020@gmail.com

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Gloria A. Shannon

ST

CT

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparation of this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the

Executed on

12-31-19

DATE

By

Executed on

12-31-19

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

STANT TREASURER

ATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

TO Elect Phil Shannon for Supervisor

I.D. NUMBER

NOT yet Received

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Plumas Bank

AREA CODE/PHONE

800 375-8627

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

Quincy

CA

95971

4. Type of Committee. Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Philip Shannon	Plumas County District 2 Supervisor	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 3

COMMITTEE NAME

TO Elect Phil Shannon for Supervisor

I.D. NUMBER

Not yet received

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee



_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Candidate Intention Statement

FILED

Date Stamp

DEC 06 2019

CALIFORNIA FORM 501

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Check One: ☒ Initial ☐ Amendment (Explain) _____

KATHLEEN WILLIAMS.
PLUMAS CO. CLERK-RECORDER

BY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Shannon, Philip C

DAYTIME TELEPHONE NUMBER

(530) 284-1329

FAX NUMBER (optional)

(), N/A

EMAIL (optional)

PhilipShannon2020@gmail.com

CITY

Crescent Hills

STATE

CA

ZIP CODE

95934

AGENCY NAME

Plumas County Supervisor

DISTRICT NUMBER, if applicable.

2

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

☐ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

X 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

12/3/19
(month, day, year)

Signature

[Redacted Signature]