

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Philip Shannon</i>	Date of This Filing 1/22/20	Date Stamp FILED	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-284-1329	I.D. NUMBER (if applicable) <i>not yet received</i>	Report No. _____	For Official Use Only
STREET ADDRESS <i>Crescent Mills</i>	STATE <i>CA</i>	ZIP CODE <i>95934</i>	<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____ BY _____
		KATHLEEN WILLIAMS, PLUMAS CC. CLERK-RECORDER JAN 22 2020	

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
1/21/2020	<i>Robert Shannon</i> <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 <hr/> <input type="checkbox"/> 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 <hr/> <input type="checkbox"/> 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 <hr/> <input type="checkbox"/> 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

For Official Use Only

JAN 22 2020

KATHLEEN WILLIAMS,
PLAINTIFF

PLA
BY

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

CITY

Crescent Mills

STATE

CA

ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

AREA CODE/DAYTIME PHONE NUMBER

530-284-1329

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

COMMITTEE ADDRESS

NAME OF TREASURER

To Elect Phil Shannon
for Supervisor
Not yet received ID number

PO Box 125
Crescent Mills, CA
95934

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](#)

To State
**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="checkbox"/> Not yet qualified or		
<input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination

1. Committee Information

**I.D. Number
(if applicable)**

NOT yet received

NAME OF COMMITTEE

Committee to elect Phil Shannon
Supervisor

 </p

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

COMMITTEE NAME
TO Elect Phil Shaffer for Supervisor

NOT yet received

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

NAME OF FINANCIAL INSTITUTION <i>Plumas Bank</i>	AREA CODE/PHONE <i>1 866-375-8627</i>	BANK ACCOUNT NUMBER 
ADDRESS 	CITY <i>Orinda</i>	STATE <i>CA</i>
		ZIP CODE <i>95971</i>

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

WITNESSED, SWORN TO AND FILED IN FRONT OF THE CLERK OF THE COURT		CHECK ONE	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER

COMMITTEE NAME
To Elect Phil Shannon for Supervisor

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

CALIFORNIA
FORM

501

For Official Use Only

DEC 06 2019

KATHLEEN WILLIAMS.

PLUMAS CO. CLERK RECORDER

BY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Shannon, Phillip C

DAYTIME TELEPHONE NUMBER

(530) 284-1329

FAX NUMBER (optional)

N/A

EMAIL (optional)

Philipshannon2020@gmail.com

CITY

Crescent Mills

STATE

CA

ZIP CODE

95934

AGENCY NAME

Plumas County

Supervisor

DISTRICT NUMBER, if applicable.

2

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

County

Multi-County: _____

(Name of Multi-County Jurisdiction)

(Year of Election)

PRIMARY / GENERAL

SPECIAL / RUNOFF

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 _____