

Candidate Intention Statement

Check One: Initial Amendment
(Explain)

Date Stamp

CALIFORNIA
FORM

501

FILED
For Official Use Only

JUL 31 2024

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

McNett, Guy R.

DAYTIME TELEPHONE NUMBER

530 630-7212

FAX NUMBER (optional)

PL
EM
BY

CITY

Quincy, CA

STATE

95971

ZIP CODE

STREET ADDRESS

[REDACTED]

OFFICE SOUGHT (POSITION TITLE)

Director of Plumas Co. Dist. 4

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City County

Multi-County:

(Name of Multi-County Jurisdiction)

2024
(Year of Election)

PARTY PREFERENCE:
(Check one box, if applicable.)

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 information contained in this statement is true and accurate to the best of my knowledge and belief.

Executed on

7/31/2024
(month, day, year)

Signature

[REDACTED]

FPPC Form 501 (August/2023)

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