Officeholder and Candidate Campaign Statement Form 470 Supplement		Amendment (Explain Below Amending initial 410	Date Stamp	CALIFORNIA 470 SUPPLEMENT
SEE INSTRUCTIONS ON REVERSE		Contributions at \$2,000		For Official Use Only
This form is written notification that the officeholder/candidate I made expenditures of \$2,000 or more during the calendar year.	isted below has receive	d contributions totaling \$2,000 or m	nore or has Tuolumne County Clerk By	
Officeholder or Candidate Information			Carry	
NAME OF OFFICEHOLDER OR CANDIDATE				
Jon Mark Plummer for District 1 Supervisor 2024				
STREET ADDRESS				
CITY	STATE	ZIP CODE		
Sonora	CA	95370		
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL ADDRESS			
2. Office Sought				
OFFICE SOUGHT			DISTRICT NUMBER	//////////////////////////////////////
Tuolumne County Board of Supervisors			(IF APPLICABLE) District 1	
DATE OF ELECTION (MONTH, DAY, YEAR)				
March 5, 2024				
3. Date Contributions Totaling \$2,000 or More We	ere Received or Da	te Expenditures of \$2,000 o	r More Were Made	
02/27/2024				
(MONTH, DAY, YEAR)				