

Candidate Intention Statement

Date Stamp NOV 14 2023 TC Elections	CALIFORNIA FORM 501 For Official Use Only
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Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) McGlynn, Matthew C DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS [REDACTED] CITY Red Bluff STATE CA ZIP CODE 96080

OFFICE SOUGHT (POSITION TITLE) Superior Court Judge AGENCY NAME _____ DISTRICT NUMBER, if applicable office 2 ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION: ☒ State (Complete Part 2.) ☐ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

Year of Election: 2024

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 11/14/23
(month, day, year)

Signature _____