Candidate Intention Statement	* · · · · · · · · · · · · · · · · · · ·	CALIFORNIA FORM	501
Check One: Initial Amendment (Ex	oplain)	JAN 0 3 2022 For Official Use  TC Elections	
1. Candidate Information:			
NAME OF CANDIDATE (Last, First Middle Initial)  Mathew D. Rogers	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)	
STREET ADDRESS TZed Bluff		STATE ZIP CODE  CA 96080	
OF AGENCY	NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE	
District Attorney Tehana Cour	ty District Alterney's Office	PARTY PREF≣RENCE:  (Chec≺ one box, if applicable	1
State (Complete Part 2.)		ZOZZ PRIMARY/GENERAL	•/
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF	
☐ I accept the voluntary expenditure ceiling for to ☐ I do not accept the voluntary expenditure ceil Amendment: ☐ I did not exceed the expenditure ceiling is ceiling for the general or special run-off	ling for the election stated above.	on/ and I accept the voluntary expe	nditure
	· + # 4 - p		
(Mark if applicable)  On,/I contributed personal f	unds in excess of the expenditure ceil	iling for the election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws	of the Sta	and correct.	
Executed on	Signature _		
		FPPC Form FPPC Advice: advice@fppc.ca.	501 (August/2) gov (866/275-3)

www.fppc.ca.gov

Officeholder and Candidate Campaign Statement - Short Form		Date of election if applicable: (Month, Day, Year)  Amendment (Explain Below)		CALIFORNIA FORM FOR ONLY FOR OFFICIAL USE ONLY		
пости		June 7, 2022		TC Elections	BENNY MICHANINA SPORT PROMISE MARCHI SPORT BENNY SPORT BENNY SPORT BENNY SPORT SPORT SPORT SPORT SPORT SPORT S	
1.	Statement Covers Calendar Year 2	20		٠		
2.	Officeholder or Candidate Inform	ation	3. Office Sou	-		
	NAME OF OFFICEHOLDER OR CANDIDATE  Matthew D. Ragers		OFFICE SOUGHT	nct Attorney		
	STF		JURISDICTION (_O Tehan	CATION)	DISTRICT NUMBER (IF APPLICABLE)	
	TZed Bluff	STATE ZIP COD  OPTIONAL: FAX/E-MAIL	080	1		
4.	Com	owledge that are primarily form				
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME	E OF TREASURER	
			:			
5.	Verification I declare under penalty of perjury that to the bused all reasonable diligence in preparing this  Executed on	statement. I certify under penalty				
	Clear Form Print Form			FPF	PC Form 470/470 Supplement (Jan/)	

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

			distance of the second		Date Stamp	CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	☐ Ame	endment (Explain Below)	JUL 3 1 2023 [7]	For Official Use Only
	•	6/7/22			TO Elections	
1.	Statement Covers Calendar Year 20 23	•				
2.	Officeholder or Candidate Information		3.	Office Sought or He	eld	
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD		
	Matthew D. Rogers			District Attorney		
	STREET ADDRESS			JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)
				Tehama County		
	CITY	STATE ZIP CODE				
	Red Bluff	CA 96080				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS				
4.	Committee Information List all committees of which you have knowledge the	nat are primarily formed to rec	ceive contrib	utions or to make expend	litures on behalf of your candidacy	
	COMMITTEE NAME AND I.D. NUMBER	ĺ	COMMIT	TEE ADDRESS	NAME OF	TREASURER
	None					
	None					·
5.	Verification	1				
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I co	knowledge I anticipate that I will ertify under penalty of perjury un	receive less ider the laws	than \$2,000 and that I will s of the State of California the	pend less than \$2,000 during the cale	ndar year and that I have used

Executed on \_\_\_\_

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