

Candidate Intention Statement

FILE JAN 26 2022 TC Elections	CALIFORNIA FORM 501
	For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Jonathan W. Skillman	[REDACTED]	()	
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Red Bluff	CA	96080
OFFICE Sought (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Superior Court Judge	Office 1		PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input checked="" type="checkbox"/> State (Complete Part 2.)			<input type="checkbox"/> PRIMARY / GENERAL
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)	2022 (Year of Election)	<input type="checkbox"/> 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 foregoing is true and correct.

Executed on

1/26/22
(month, day, year)

Signature

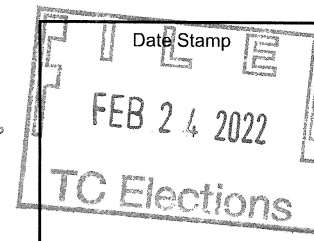
(date)

Candidate Intention Statement

Check One: ☐ Initial

☒ Amendment (Explain)

Jurisdiction included in Agency
name (Tehama County) office
Sought



CALIFORNIA
FORM

501

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NAME OF CANDIDATE (Last, First Middle Initial)

Jonathan W. Skillman

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Red Bluff

CA

96080

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

Superior Court Judge

Tehama County

Office 1

OFFICE JURISDICTION

PARTY PREFERENCE:

(Check one box, if applicable.)

☒ State (Complete Part 2.)

☐ PRIMARY / GENERAL

☐ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

☐ SPECIAL / RUNOFF

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☐ 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

2/24/22
(month, day, year)

Signature