

Statement of Organization  
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified  
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination - See Part 5

Date of termination

12 / 31 / 2023

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

FEB 01 2024

CALIFORNIA  
FORM 410



1. Committee Information		I.D. Number 1447205 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE CASEY FOR CERES 2022				NAME OF TREASURER JAMES E CASEY			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY CERES		STATE CA	ZIP CODE 95307-19
EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]				AREA CODE/PHONE			
NAME OF ASSISTANT TREASURER, IF ANY							
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY		STATE	ZIP CODE
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]				AREA CODE/PHONE			
NAME OF PRINCIPAL OFFICER(S)							
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY		STATE	ZIP CODE
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]				AREA CODE/PHONE			
FULL MAILING ADDRESS (IF DIFFERENT)							
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]							
COUNTY OF DOMICILE STANISLAUS		JURISDICTION WHERE COMMITTEE IS ACTIVE CERES					
Attach additional information on appropriately labeled continuation sheets.							

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	JANUARY 30, 2024	By	James E Casey
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	January 30, 2024	By	James E Casey
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

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

[www.fppc.ca.gov](http://www.fppc.ca.gov)

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Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
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COMMITTEE NAME

CASEY FOR CERES 2022

I.D. NUMBER

1447205

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

F & M BANK JAMES EDWIN CASEY

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

LODI

CA

95240

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF  
ELECTION

PARTY  
CHECK ONE

JAMES EDWIN CASEY	DISTRICT ONE COUCIL PERSON	2022	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

		SUPPORT	OPPOSE
		SUPPORT	OPPOSE