

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

☐ Amendment (Explain Below)



CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

JAMES EDWIN CASEY

STREET ADDRESS

[REDACTED]

CITY

CERES

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

STATE

CA

ZIP CODE

95307-1913

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL PERSON

JURISDICTION (LOCATION)

CERES, CALIFORNIA

DISTRICT NUMBER
(IF APPLICABLE)

ONE

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE	NONE	NONE
NONE	NONE	NONE

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 31 JULY 2024
DATE

By James Edwin Casey
SIGNATURE OF OFFICEHOLDER OR CANDIDATE