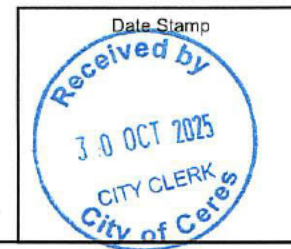


## Candidate Intention Statement



<b>CALIFORNIA</b> <b>FORM 501</b>
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)
CASEY, JAMES, EDWIN	[REDACTED]	( )	[REDACTED]
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	CERES	CA	95307-1913
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
COUCIL MEMBER	CERES, CALIFORNIA	ONE	PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	CERES, STANISLAUS, CALIFORNIA	2026	<input type="checkbox"/> SPECIAL / RUNOFF
	(Name of Multi-County Jurisdiction)	(Year of Election)	

### 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 30 OCTOBER 2025  
(month, day, year)

Signature

James Edwin Casey  
(Candidate)