

Candidate Intention Statement

Date Stamp

Received by
30 OCT 2025
CITY CLERK
City of Ceres

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

CASEY, JAMES, EDWIN

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

[REDACTED]

FAX NUMBER (optional)

()

EMAIL (optional)

[REDACTED]

CITY

CERES

STATE

CA

ZIP CODE

95307-1913

OFFICE SOUGHT (POSITION TITLE)

COUCIL MEMBER

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

AGENCY NAME

CERES, CALIFORNIA

DISTRICT NUMBER, if applicable:

ONE

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

CERES, STANISLAUS, CALIFORNIA

(Name of Multi-County Jurisdiction)

2026

(Year of Election)

PRIMARY / GENERAL

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 30 OCTOBER 2025
(month, day, year)

Signature

James Edwin Casey

(Candidate)