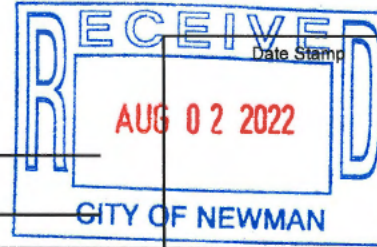


Candidate Intention Statement



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Check One: [X] Initial [ ] Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Ball, Scott M. DAYTIME TELEPHONE NUMBER 209 777-6662 FAX NUMBER (optional) EMAIL (optional) STREET ADDRESS CITY Newman CA STATE CA ZIP CODE 95360 OFFICE SOUGHT (POSITION TITLE) Council AGENCY NAME City of Newman DISTRICT NUMBER, if applicable. [ ] NON-PARTISAN OFFICE PARTY PREFERENCE: [X] OFFICE JURISDICTION [ ] State (Complete Part 2.) [X] City [ ] County [ ] Multi-County: Newman (Name of Multi-County Jurisdiction) 2022 (Year of Election) [X] 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) [X] 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 07/29/2022 (month, day, year)

Signature [Signature] (Candidate)