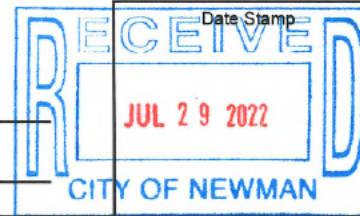


Candidate Intention Statement



CALIFORNIA FORM 501 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 GRAHAM (209) 481-6969
STREET ADDRESS CITY STATE ZIP CODE
NEWMAN, CA 95360
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
MAYOR CITY OF NEWMAN NA
OFFICE JURISDICTION (Check one box, if applicable.)
State (Complete Part 2.)
City County Multi-County: (Name of Multi-County Jurisdiction)
2022 (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 7-20-22 (month, day, year) Signature [Signature] (Candidate)