## **RECEIVED**

Candidate Intention Statement						Date Stamp AUG 0 5 2022		california 501
Check One	: 🗷 Initial	Amendment (Explain)				City Clerk's	Office	For Official Use Only
1. Candidate	Information:							
NAME OF CANDIDAT	E (Last, First Middle Initia	an),	DAYTIM	E TELEPHONE NUMBER	FAX NU	MBER (optional)	EMAIL (opt	ional)
McFadon, Alan	F		(209	) 202-5632	(	)	Alan m	cfadon@att.net
STREET ADDRESS			CITY			STATE	ZIP CODE	
			Hughs	son		CA	95326	
OFFICE SOUGHT (P	OSITION TITLE)	AGENCY NAME		·	DISTRICT	NUMBER, if applical	ole. NON-P	ARTISAN OFFICE
Hughson City C		City of Hughson	1		N/A		PARTY PR	REFÉRENÇE:
OFFICE JURISDICTION							-	heck one box, if applicable.)
State (Comp	lete Part 2.)					2022	Z	PRIMARY / GENERAL
☑ City	County Mut	ti-County:	(Name of M	ulti-County Jurisdiction)		(Year of El	ection)	SPECIAL / RUNOFF
(Check one box)								
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