

Candidate Intention Statement

Date Stamp
CALIFORNIA FORM 501
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AUG 02 2021 AM 10:54

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Robles, Sergio
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
EMAIL (optional)
STREET ADDRESS
CITY Elk Grove
STATE CA
ZIP CODE 95758
OFFICE SOUGHT (POSITION TITLE) City Council Member
AGENCY NAME City of Elk Grove
DISTRICT NUMBER, if applicable 2
NON-PARTISAN OFFICE [X]
OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[X] City [ ] County [ ] Multi-County:
PRIMARY / GENERAL [X]
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 8-2-21 (month, day, year)

Signature (Candidate)