

Candidate Intention Statement

Date Stamp
CALIFORNIA FORM 501
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FEB 01 2023 AM 10:17

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Robles, Sergio D
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional) ( 916 ) 348-9111
EMAIL (optional) robles2021@gmail.com
STREET ADDRESS
CITY Elk Grove
STATE CA
ZIP CODE 95757
OFFICE SOUGHT (POSITION TITLE) City Council Member
AGENCY NAME City of Elk Grove
DISTRICT NUMBER, if applicable. 4
[ ] NON-PARTISAN OFFICE
PARTY PREFERENCE:
OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[ ] PRIMARY / GENERAL
[X] City [ ] County [ ] Multi-County:
2026 (Year of Election)
[ ] 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 01/26/2023 (month, day, year)

Signature [Redacted] (Candidate)