

Candidate Intention Statement

Date Stamp
CALIFORNIA FORM 501
For Official Use Only
CITY CLERK'S OFFICE
NOV 10 2022 AM 10:23

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

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Singh-Allen, Bobbie
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
EMAIL (optional) bsinghallen@gmail.com
STREET ADDRESS
CITY Elk Grove
STATE CA
ZIP CODE 95757
OFFICE SOUGHT (POSITION TITLE) Mayor
AGENCY NAME City of Elk Grove
DISTRICT NUMBER, if applicable.
[X] NON-PARTISAN OFFICE
PARTY PREFERENCE:
OFFICE JURISDICTION
[] State (Complete Part 2.)
[X] City [] County [] Multi-County:
2024 (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 11/09/2022 (month, day, year)

Signature [Redacted] (Candidate)