

Candidate Intention Statement

Date Stamp

CALIFORNIA FORM 501

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MAY 19 2025 10:02:02

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) \_\_\_\_\_ DAYTIME TELEPHONE NUMBER ( 916 ) 348-9100 FAX NUMBER (optional) ( 916 ) 348-9111 EMAIL (optional) jerry@rcds.us

Suen, Darren

STREET ADDRESS 5445 Madison Ave CITY STATE ZIP CODE Sacramento CA 95841

OFFICE SOUGHT (POSITION TITLE) \_\_\_\_\_ AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable: 1 PARTY PREFERENCE:  NON-PARTISAN OFFICE

City Council Member City of Elk Grove

OFFICE JURISDICTION \_\_\_\_\_

State (Complete Part 2) \_\_\_\_\_  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ 2028  PRIMARY / GENERAL

City  County  Multi-County: \_\_\_\_\_ (Year of Election) \_\_\_\_\_  SPECIAL / RUNOFF

(Check one box, if applicable.)

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 05/09/2025

(month, day, year)

Signature \_\_\_\_\_

(Candidate)