

COVER PAGE

Filed Date: 04/01/2025 04:06 PM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Robles Sergio Daniel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Elk Grove

CITY CLERK'S OFFICE
APR 01 2025 PM04:15

Division, Board, Department, District, if applicable

Your Position

City/Town Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

County of _____

City of Elk Grove

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2024, through
December 31, 2024.

Leaving Office: Date Left ____/____/____
(Check one circle below.)

-or-

The period covered is ____/____/____, through
December 31, 2024.

The period covered is January 1, 2024, through the date of
leaving office.

Assuming Office: Date assumed ____/____/____

-or-

The period covered is ____/____/____, through
the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
8401 Laguna Palms Way Fl 1 Elk Grove CA 95758-8045
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 478-2286

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2025 04:06 PM
(month, day, year)

Signature Sergio Daniel Robles
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Sergio Robles

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Elk Grove-Rancho Cordova-El Dorado Connector		Alternate Board of Directors	Multi-county Sacramento, El Dorado	Annual	01/01/24 - 12/31/24

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
North State Building Industry Association
 ADDRESS *(Business Address Acceptable)*
1536 Eureka Road, Roseville, CA 95661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 24	\$ 165	Food & beverages
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Hefner Law
 ADDRESS *(Business Address Acceptable)*
2150 River Plaza Drive, Suite 450, Sacramento, CA. 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 24	\$ 219	Food & beverages
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Supply Chain Council
 ADDRESS *(Business Address Acceptable)*
400 Capitol Mall Suite 900, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 07 / 24	\$ 62.63	Food & beverages
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Teichert and Sutter Health
 ADDRESS *(Business Address Acceptable)*
3500 American River Drive Sacramento, CA 95864
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 24	\$ 214.44	Food & beverages
04 / 15 / 24	\$ 214.44	Food & beverages
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Kaiser Foundation Health Plan, Inc.
 ADDRESS *(Business Address Acceptable)*
6600 Bruceville Road, Sacramento CA 95823
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cap to Cap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 24	\$ 231.95	Food & beverages
/ /	\$	
/ /	\$	

Filer's Verification

Print Name Sergio Robles

Office, Agency or Court City of Elk Grove

Statement Type 2024/2025 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2025 04:06 PM
(month, day, year)

Filer's Signature Sergio Daniel Robles

Comments: _____