Candidate Intention Statement		Date Stamp	CALIFORNIA 501
Check One: ☑ Initial ☐ Amendment (Exp	olain)		For Official Use Only
			GITY CLERK'S OFFICE SEP 20 2021 AM07:5
1. Candidate Information:	· · · · · · · · · · · · · · · · · · ·		
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL	(optional)
Nguyen, Stephanie	100	(916) 348-9111	
STREET ADDRESS	CITY	STATE ZIP CO	DE
	Elk Grove	CA 957	57
OFFICE SOUGHT (POSITION TITLE) AGENCY N	NAME	DISTRICT NUMBER, if applicable. NO	N-PARTISAN OFFICE
	Elk Grove	4 PART	PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
State (Complete Part 2.)		2022	X PRIMARY / GENERAL
X City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	SPECIAL / RUNOFF
(Check one box) I accept the voluntary expenditure ceiling for the ele I do not accept the voluntary expenditure ceiling for Amendment: I did not exceed the expenditure ceiling in the the general or special run-off election.	r the election stated above.	_// and I accept the volu	ntary expenditure ceiling for
(Mark if applicable)			
On/, I contributed personal funds	s in excess of the expenditure ceiling for the	ne election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of t	of the State of California that the forego	oing is true and correct.	FPPC Form 501 (August/20: