Candidate Intention Statement				Date Sta	mp	FORM 501
Check One: ✓ Initial	Amendment (Explain)	16	_			For Official Use Only CITY CLERK'S OFFICE APR 12 2022 PM01:3
1. Candidate Information:						
NAME OF CANDIDATE (Last, First Middle Initia	I) DAYT	IME TELEPHONE NUMBER	FAX NUMBER (d	ptional)	EMAIL (op	otional)
Pastor, Brian B			()		brianp	astor@gmail.com
STREET ADDRESS	CITY			STATE	ZIP CODE	
	Elk	Grove		CA	95757	
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		DISTRICT NUMBE	R, if applica	ble. NON-F	PARTISAN OFFICE
Mayor	City of Elk Grove				PARTY PI	REFERENCE:
OFFICE JURISDICTION					(0	theck one box, if applicable.)
State (Complete Part 2.)				2022	₹	PRIMARY / GENERAL
✓ City County	i-County: (Name of	Multi-County Jurisdiction)		(Year of E	lection)	SPECIAL / RUNOFF
☐ I do not accept the volun Amendment: ☐ I did not exceed the	penditure ceiling for the election stated tary expenditure ceiling for the election stated expenditure ceiling in the primary of the primary of the special run-off election.	ction stated above.	n <i></i>	and	d I accept	the voluntary expenditure
(Mark if applicable)	ontributed personal funds in excess	of the expenditure ceilin	ng for the electi	on stated	i above.	
3. Verification:	duran under the laws of the State of	California that the face wa	lan in town and			
Executed on (month, day,)	2022 Signature	(Coholeans)	ing is true and	—		EDDC Form FO1 /August