

**Recipient Committee** Type or print in ink. COVER PAGE Campaign Statement JANDar Stamp022 CALIFORNIA 2001/02 Cover Page FORM (Government Code Sections 84200-84216.5) Date of election if applicable: Page 1 of 12 Statement covers period (Month, Day, Year) For Official Use Only 7/1/2021 11/8/2022 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure ☐ Preelection Statement O State Candidate Election Committee Quarterly Statement Committee Semi-annual Statement O Recall Special Odd-Year Report O Controlled Termination Statement (Also Complete Part 5) O Sponsored Supplemental Preelection (Also file a Form 410 Termination) (Also Complete Part 6) Statement - Attach Form 495 Amendment (Explain below) ☐ General Purpose Committee O Sponsored Primarily Formed Candidate/ O Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information 1442526 Treasurer(s) NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) FAJARDO FOR CITY COUNCIL 2022 Joel Fajardo MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE San Fernando 91340 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY SAN FERNANDO 91340 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Treasurer: 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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 Executed on 1/31/2022 Executed on 1/31/2022 Signature of Controlling Officeholder, Candidate, State Measure Propone. Executed on . By. FPPC Form 460 (January/05) Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE-PART 2
CALIFORNIA
FORM 460

. Officeholder or Candidate Controlled Committee		6.	Drimoville Former I D. II.	•		
NAME OF OFFICEHOLDER OR CANDIDATE						
Joel Fajardo			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF AF Other: Member of the City Council: San Fernando	PLICABLE)	-	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY		-				OPPOSE
San Fernand	STATE ZIP O CA 91340		Identify the controlling office	ceholder, candidate, or state	measure pr	openent. If any
		-	NAME OF OFFICEHOLDER, CANDID	ATE, OR PROPONENT		opened in unit.
Related Committees Not Included in this Statement: Line included in this statement that are controlled by you or are primarily formed	st any committees					
contributions or make expenditures on behalf of your candidacy.	to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME Fajardo for City Council 2020@	I.D. NUMBER 1424742	•			<u> </u>	
NAME OF TREASURER Joel Fajardo	CONTROLLED COMMITTEE?  YES	7.	Primarily Formed Candio officeholder(s) or candidate(s) for wi	late/Officeholder Committ tich this committee is primarily formed	<b>ее </b>	t names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CAND			SUPPORT
CITY STATE ZIPCODE San Fernando CA 91340	AREA CODE/PHONE					OPPOSE
			NAME OF OFFICEHOLDER OR CAND	IDATE OFFICE SOUGH	T OR HELD	SUPPORT
COMMITTEE NAME Fajardo for Assembly 2016	I.D. NUMBER 1379449					OPPOSE
			NAME OF OFFICEHOLDER OR CAND	DATE OFFICE SOUGH	TOR HELD	SUPPORT
NAME OF TREASURER Gary Crummitt	CONTROLLED COMMITTEE?		MARK OF OFFICENCE PER ALL PARTY			☐ CPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	YES NO	'	NAME OF OFFICEHOLDER OR CAND	DATE OFFICE SOUGHT	FOR HELD	SUPPORT OPPOSE
CITY STATE ZIPCODE CA 90802	AREA CODE/PHONE	•	Attach c	ontinuation sheets if necessi	ary	

# **Campaign Disclosure Statement Summary Page**

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/2021	FORM 460
through 12/31/2021	Page 3 of 12
	I.D. NUMBER 1442526

SEE INSTRUCTIONS ON REVERSE NAME OF FILER FAJARDO FOR CITY COUNCIL 2022

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$0.00	General Elections
2. Loans Received Schedule B, Line 3	\$9,500.00	\$9,500.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$9,500.00	\$9,500.00	20. Contributions Received
4. Nonmonetary Contributions	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$9,500.00	\$9,500.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$0.00	\$0.00	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	<b></b>
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$0.00	\$0.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	\$50.00	\$50.00	
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$50.00	\$50.00	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$0.00	To calculate Column B. add	
13. Cash Receipts Column A, Line 3 above	\$9,500.00	amounts in Column A to the	Amounts in this section may be different from amounts reported in Column B.
4. Miscellaneous Increases to Cash	\$0.00	corresponding amount from Column B of your last	Topotice in column 5.
5. Cash Payments Column A, Line 8 above	\$0.00	report. Some amounts in Column A may be negative	
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$9,500.00	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is	
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
8. Cash Equivalents See instructions on reverse	\$0.00		
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$9,550.00		
		i	FPPC Form 460 (January/05) FPPC Toll-Free Hebding: 865/ASK-FPPC RESPIRE 9779

FPPC Totl-Free Helpline: 868/ASK-FPPC (868/275-3772)

#### Schedule A

### Monetary Contributions Received

#### Type or print in ink. Amounts may be rounded to whole collars.

	SCHEDULE A
Statement covers period	CALIFORNIA ACO
from	FORM 460
through	Page 4 of 12

SEE INSTRUCTIONS ON REVERSE NAME OF FILER FAJARDO FOR CITY COUNCIL 2022 I.D. NUMBER 1442526 IF AN INDIVIDUAL, ENTER DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR AMOUNT RECEIVED THIS PERIOD OCCUPATION AND EMPLOYER CUMULATIVE TO DATE CALENDAR YEAR PER ELECTION TO DATE (IF REQUIRED) RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE. (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (JAN. 1 - DEC. 31) ☐ IND COM OTH PTY ☐ scc ☐ IND □ сом ОТН ☐ PTY ☐ scc ☐ IND □ сом □ отн ☐ PTY ☐ scc ☐ IND □ сом □ отн ☐ PTY ☐ scc ☐ IND □ сом OTH ☐ PTY □ scc SUBTOTAL \$ Schedule A Summary \*Contributor Codes 1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) IND - Individual COM - Recipient Committee 2. Amount received this period - unitemized monetary contributions of less than \$100 ..... (other than PTY or SCC) \$0.00 OTH - Other (e.g., business entity) 3. Total monetary contributions received this period.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCC - Small Contributor Committee

PTY - Political Party

S	che	dule	<b>B</b> -	Part	1
		_			

Type or print in ink. Amounts may be rounded

	SCHEDULE B - PA				
nont novement					

Statem Loans Received to whole achars. 7/1/2021 12/31/2021 SEE INSTRUCTIONS ON REVERSE through NAME OF FILER FAJARDO FOR CITY COUNCIL 2022 I.D. NUMBER 1442526 IF AN INDIVIDUAL, ENTER (b) AMOUNT RECEIVED THIS FULL NAME, STREET ADDRESS AND ZIP CODE (c) AMOUNT PAID (d) OUTSTANDING (e) INTEREST OUTSTANDING (g) CUMULATIVE CONTRIBUTIONS OCCUPATION AND EMPLOYER OF LENDER ORIGINAL (IF SELF-EMPLOYED ENTER BALANCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OR FORGIVEN BALANCE AT PAID THIS AMOUNT OF BEGINNING THIS NAME OF BUSINESS) PERIOD THIS PERIOD CLOSE OF THIS PERIOD LOAN TO DATE Joel Fajardo OCCUPATION: Realtor EMPLOYER: Keller PAID Jan reinanuo, CA 91340 CALENDAR YEAR Williams Encino-Sherman \$0.00 \$9,500.00 \$9.500.00 \$9,500.00 Oaks RATE FORGIVEN PER ELECTION\*\* t■ IND □ COM □ OTH □ PTY □ SCC \$0.00 \$9,500.00 50.00 12/31/2022 \$0.00 11/15/2021 DATE DUE DATE INCURRED ☐ PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION\*\* t□ IND □ COM □ OTH □ PTY □ SCC DATE DUF DATE INCURRED PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION\*\* †□ IND □ COM □ OTH □ PTY □ SCC DATE DUE DATE INCURRED SUBTOTAL \$ \$ \$ \$ (Enter (e) on Schedule B Summary Schedule E. Line 3) Loans received this period ...... \$9,500.00 (Total Column (b) plus unitemized loans of less than \$100.) \*Contributor Codes Loans paid or forgiven this period ...... IND - Individual \$0.00 (Total Column (c) plus loans under \$100 paid or forgiven.) COM - Recipient Committee (Include loans paid by a third party that are also itemized on Schedule A.) (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee \$9,500.00 Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

FPPC Form 460 (January/05) FPPC Totl-Free Helpline: 866/ASK-FPPC (866/275-3772)

(May be a negative number)

Schedule C No enabletary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 7, 1/2021		schedule california orm 460		
SEE INSTRUCTIONS	ON REVERSE				through 12/31	/2021	Page -	of 12
NAME OF FILER FAJARDO FOR	CITY COUNCIL 2022				<u> </u>		I.D. NUMBER 1442526	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		IND COM OTH SCC						
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC						
Attach additional i	nformation on appropriately labeled continua	tion sheets.	SU	BTOTAL \$				——————————————————————————————————————
Schedule C Su	•							
(include all Sci	ed this period - itemized nonmonetary contril hedule C subtotals.)	••••••			<del></del>	IND - Ind COM - F OTH - O	Recipient Co other than I other (e.g., b olitical Party	PTY or SCC) pusiness entity)
(Add Lines 1 a	nd 2. Enter here and on the Summary Page	, Column A, Lines 4	and 10.)	TOTAL \$0.00		scc - s	mall Contril	outor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Type or print in ink. Amounts may be rounded to whole actiens.		Statement covers period from 1/2021 through		Page 7 of 12	
	R CITY COUNCIL 2022				*	I.D. NUMBER 1442526	
DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALEND	IVE TO DATE DAR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure					
			SUBTOTAL	\$			
Schedule D S	Summary			1 -			Agen # States with
	ntributions and independent expenditures made this period. (Incli	ude all Schedule D subtota	als.)		•••••	\$0	. 00
	contributions and independent expenditures made this period of t				•••••		. 00
Total contrib	outions and independent expenditures made this period. (Add Lin	es 1 and 2. Do not onton	on the Summan, Page			so.	. 00

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (869/275-3772)

Schedule E  Type or print in ink.  Amounts may be rounded  Statement covers on					SCHEDULE
				from	smare translation of the second process
SEE INSTRUCTIONS ON REVERSE				through	Page 8 of 12
NAME OF FILER FAJARDO FOR CITY COUNCIL 2022			•	-I	I.D. NUMBER 1442526
CODES: If one of the following codes accurately des		ment, you may enter the co	de. Other	rwise, describe the pay	ment.
CNS campaign consultants	,	gs and appearances	RFD	returned contributions	
CTB contribution (explain nonmonetary)*  CVC civic donations		xpenses	SAL	campaign workers' salaries	
FIL candidate filing/ballot fees	PET petition PHO phone i	circulating	TEL	t.v. or cable airtime and produ	
FND fundraising events		and survey research	TRC TRS	candidate travel, lodging, and staff/spouse travel, lodging, a	meals
IND independent expenditure supporting/opposing others (explain)*		e, delivery and messenger services	TSF	transfer between committees	nd meals of the same candidate/sponso
LEG legal defense		ional services (legal, accounting)	VOT	voter registration	•
LIT campaign literature and mailings	PRT print ad	ds .	WEB	information technology costs	(internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION	OF PAYMENT	AMOUNT PAID
	•				
	-				
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.		SUBTO	TAL \$
Schedule E Summary					
1. Itemized payment made this period. (Include all Schedule E subtotals	.)				\$0.00
2. Uniternized payments made this period of under \$100					
3. Total interest paid this period on loans. (Enter amount from Schedule					
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here:	and on the Summer	Para Caluma A 15 61	••••••••••••••••	*********************************	eo oo
		sıy rage, Column A, Line 6.)	•••••••	******************************	\$0.00

FPPC Form 460 (January/05) FPPC Tot-Free Helpline: 855/ASK-FPPC (555/275-3772)

Schedule F	A mr. Janes	print in ink. By he counded accollers.	*re.a		SCHEDULE 1	
NAME OF FILER FAJARDO FOR CITY COUNCIL 2022			iniough =	1.D. N	JMBER	
	The same and same and same a same a same of the same				2526	
CODES: If one of the following codes accurately of CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filling/ballot fees fundraising events  IND independent expenditure supporting/opposing others (explain LEG legal defense campaign literature and mailings	MBR member communicate MTG meetings and appear OFC office expenses PET petition circulating PHO phone banks POL polling and survey res	ions ances search messenger services	RAD radio airtime RFD returned cor SAL campaign w TEL t.v. or cable TRC candidate tr TRS staff/spouse TSF transfer betw	e and production intributions corkers' salaries airtime and production of avel, lodging, and meals travel, lodging, and meals ween committees of the	xxsts ; als same candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(8) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD	
			·			
*Permatic fluif are contributions or independent expenditures must also be summerized on Schedule D. summerized on Schedule D.	SUBTOTAL					
Schedule F Summary						
<ol> <li>Total accrued expenses incurred this period. (Include all Schedul accrued expenses of \$100 or more, plus total unitemized accrued</li> </ol>	e F, Column (b) subtotals for expenses under \$100.)	••••••		INCURRED TOTALS	\$50.00	
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)						
Net change this period. (Subtract Line 2 from Line 1. Enter the dion the Summary Page, Column A, Line 9.)	ifference here and				\$50.00 (May be a negative number)	

FPPC Form 460 (January/OS)
FPPC Toll-Free Helpäne: 858/ASK-FPPC (958/275-3772)

SER MATRICOTIONS ON PIPERERE  MANUE OF FILER FAJARDO FOR CITY COUNCIL 2022  FULL NAME, STREET ADDRESS AND ZIP COUR FORMATTIVE, ASSISTANCE OF COUNCIL NAMEER)  OF AN HONORULAL ENTER OF COMMITTE, ASSISTANCE OF COUNCIL NAMEER)  OF AN HONORULAL ENTER OF COMMITTE, ASSISTANCE OF COUNCIL NAMEER)  OF AN HONORULAL ENTER OF COMMITTE, ASSISTANCE OF COUNCIL STREET NAME OF PURMESSY)  OUTSTANCING BALANCE FERROD  OUTSTANCING BALANCE FERROD  OUTSTANCING BALANCE FERROD  OUTSTANCING BALANCE FERROD  OUTSTANCING AMOUNT COANSIT THIS PERCOP OUTSTANCING AMOUNT COANSIT THIS PERCOP OUTSTANCING AMOUNT OF COMMITTE AMOUNT OF COMMITTE COANSIT THIS PERCOP OUTSTANCING OUTSTANCI	Schedule H	Type or print in ink.							SCHEDULE H		
NAME OF FILER FRARDO FOR CITY COUNCIL 2022  FULL NAME, STEET ADDRESS AND ZIP CCDE OCCUPATION AND EMPLOYER (F SELF-EARLOYED, EMTER NAME OF BUBINESS)  FULL NAME, STEET ADDRESS AND ZIP CCDE OCCUPATION AND EMPLOYER (F SELF-EARLOYED, EMTER NAME OF BUBINESS)  FERNO  OUSSIANOING SEGNINING THIS BEGINNING THIS BELECTION**  DATE DUE  DATE DUE  LOANS CRITICAL BALLOWS  DATE DUE  LOANS CRITICAL BALLOWS  DATE DUE  DATE DUE  DATE DUE  LOANS CRITICAL BALLOWS  DATE DUE  DATE DUE  LOANS CRITICAL BALLOWS  DATE DUE	Clarks made to chiefs					, ·		- 1,00,000 (mg)			
TAJARDO FOR CITY COUNCIL 2022    PULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (F COMMITTEL AS DENTER ID. NUMBER)   FAN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (F SELF-BURDOUS BITTER MAME OF BUSINESS)   OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD   FEROM   FORGIVENS THIS PERIOD   FEROM   FEROM	SEE INSTRUCTIONS ON PEVERSE					through	12/31/2021	- Page 10	— of <u>12</u> —		
FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER (F SELF-RAM-OYED, ENTER (F SELF-RAM-OYED))  PAID  PAID  PAID  PAID  PAID  PAID  PARITE  PARITE  PARITE  CALENDAR YEAR  PERCECTION**  PAID  PAID  DATE DUE  DATE INCURRED  DATE INCURRED  PERCECTION**  PAID  PERCECTION**	NAME OF FILER FAJARDO FOR CITY COUNCIL 2022							I.D. NUMBER 1442526			
To cans that are contributions to another candidate or committee must also be reported on Schedule E.    FORGIVEN	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT LOANED THIS	REPAYMENT OR FORGIVENESS	OUTSTANDING BALANCE AT CLOSE OF THIS	INTEREST	ORIGINAL AMOUNT OF	LOANS		
To that are contributions to another candidate or committee must also be reported on Schedule E.    FORGIVEN					☐ PAID		9/		CALENDAR YEAR		
*Loans that are contributions to another candidate or committee must also be reported on Schedule E.  CALENDAR YEAR  PER ELECTION**  DATE DUE  DATE INCURRED  CALENDAR YEAR  PER ELECTION**  SUBTOTAL \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					FORGIVEN		RATE		PER ELECTION**		
**Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.  **SUBTOTAL**  SUBTOTAL  **SUBTOTAL*  **Genter (e) on						DATE DUE	-	DATE INCURRED			
*Loans that are contributions to another candidate or committee must also be reported on Schedule D. Loans forgiven must also be reported on Schedule E.  PER ELECTION**  DATE DUE  DATE INCURRED  (Enter (e) on					☐ PAID		0/		CALENDAR YEAR		
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.  SUBTOTAL \$ \$ \$ \$ (Enter (e) on					FORGIVEN	>	RATE		PER ELECTION**		
must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.  SUBTOTAL  \$ \$ \$ \$ (Enter (e) on		1				DATE DUE		DATE INCURRED			
	must also be summarized on Schedule D. Loans forgiven must		SUBTOTAL	\$	\$	\$	\$	PH 27			
						7					
Schedule H Summary	Schedule H Summary										
1. Loans made this period	Loans made this period (Total Column (b) plus unitemized loans of less that	n \$100.)			\$0.0	00	-1				
2. Payments received on loans	Payments received on loans  (Total Column (c) plus unitemized payments of less	than \$100.)			\$0.0	00	-1		** If required.		
3. Net change this period. (Subtract Line 2 from Line 1.)	Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page Column	1.)		•••••		116	-				

FPPC Form 460 (January/05) FPPC Toll-Free Heipline: 866/ASK-FPPC (868/275-3772)

Schedule I		Type or print in ink.		SCHEDULE I
		Andrew State of the Community of the Com	t en	
			from	1100
			through	Page 11 of 12
NAME OF FILER	ON REVERSE CITY COUNCIL 2022			I.D. NUMBER 1442526
PACARDO FOR	CITI COORCIA 2022		The second secon	1442326
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
			SUBTOTAL	\$
Schedule I Sur	mmary			
1. Itemized incre	eases to cash this period.		\$0.00	_
2. Unitemized in	ncreases to cash of under \$100 this period.	•••••••••••••••••••••••••••••••••••••••	\$0.00	_
3. Total of all int	terest received this period on loans made to others. (Schedule H, Colum	nn (e).)	\$0.00	-
4. Total miscella Summary Pag	aneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here ge, Line 14.)	and on the	TOTAL \$0.00	<b>.</b>

FPPC Form 460 (January/05) FPPC Toll-Free Helpfine: 868/ASK-FPPC (868/275-3772) For the avoidance of doubt, the print-out file from cafile.sos.ca.gov/CalOnline states there are 12 pages but there are actually only 11 pages.

