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Statement of Organization **CALIFORNIA Recipient Committee FORM** Statement Type Initial Termination - See Part 5 For Official Use Only Amendment CITY OF SAN FERNANDO O Not yet qualified CITY CLERK Date qualification threshold met Date qualification threshold met Date of termination , 2023 I.D. Number 2. Treasurer and Other Principal Officers 1. Committee Information Pending NAME OF COMMITTEE NAME OF TREASURER Joel Fajardo Families and Councilman Fajardo Supporting Sylvia Ballin for City STREET ADDRESS (NO P.O. BC STATE ZIP CODE Council 2024 San Fernando CA 91340 et EMAIL ADDRESS OF TREASURER (RE AREA CODE/PHONE STREET ADDRESS (NO P.O. NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE San Fernando 91340 CA STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE FULL MAILING ADDRESS (IF DIFFERENT) EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE E-MAIL ADDRESS OF COMMITTEE Fajardo.Joel@gmail.com NAME OF PRINCIPAL OFFICER(S) COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Joel Fajardo Los Angeles City of San Fernando STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE San Fernando CA 91340 EMAIL ADDRESS OF PRINCIPAL OFFICER(Fajardo.Joel@gmail.com Verification I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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. 12/04/2023 Executed on Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE OF STATE MEASURE PROPONENT Executed on Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT FPPC Form 410 (October/2023)

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE COMMITTEE NAME Families and Councilman Fajardo Supporting Sylvia Ballin for City Council 2024							CALIFORNIA 410 FORM 410 Page 2 I.D. NUMBER Pending											
										All committees must list the financial institution where the car	mpaign bar	nk account is located and t	he person(s)	authorized	to obtain ba	nk records.		
										NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS AREA CODE/PHONE BANK						COUNT NUMBER		
California Bank and Trust			/															
ADDRESS OF FINANCIAL INSTITUTION		CITY			STATE	Z	IP CODE											
		Los Angeles			CA													
4. Type of Committee Complete the applicable sections.		,阿维人第 年人的宣布		out in the	No 15 Care	(特別)												
Controlled Committee																		
 List the name of each controlling officeholder, candidate, or stat also list the elective office sought or held, and district number, i 			r officeholder	controlled,														
List the political party with which each officeholder or candidate	e is affiliate	d or check "nonpartisan."	Stating "No pa	irty prefere	nce" is accep	otable.												
If this committee acts jointly with another controlled committee	e, list the n	ame and identification num	nber of the ot	her control	led committe	ee.												
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELD LICABLE)	YEAR OF ELECTION	PAR CHECK															
Joel Fajardo (Officeholder)	Member of the City Council (At L Fernando		rge): San	2022	Nonpartisan ✓	Partisan	(list political pa	rty below)										
					Nonpartisan	Partisan	(list political pa	rty below)										
Primarily Formed Committee Primarily formed to support or o	ppose spec	cific candidates or measure	es in a single el	ection. List	t below:													
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TER)		FICE SOUGHT OR H			ION	CHECK	ONE										
Sylvia Ballin		Member of the City Council (At Large): San Fernando					SUPPORT	OPPOSE										
							SUPPORT	OPPOSE										