Check One: Initial Amendment (Explain)	2024 JUL 15 P 3: 58 ^{For Official Use Only}
	CITY OF SAN FERNANDO
1. Candidate Information:	CALL CALLY
NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER	ER (optional) EMAIL (optional)
PIVAS, SEAD M.	STATE ZIP CODE
STREET ADDRESS CITY	· ·
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NU	CA 91340
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NU	JMBER, if applicable. NON-PARTISAN OFFICE
Member of City Council City of San Fernando M/	
OFFICE JURISDICTION	(Check one box, if applicable.)
State (Complete Part 2.)	2024 PRIMARY/GENERAL
City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
 ✓ accept the voluntary expenditure ceiling for the election stated above. ☐ I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: ☐ I did not exceed the expenditure ceiling in the primary or special election held on/ ceiling for the general or special run-off election. 	/ and I accept the voluntary expenditure
(Mark if applicable)	
On,/I contributed personal funds in excess of the expenditure ceiling for the ele	ection stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true a	and correct.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true a	and correct.