

# Candidate Intention Statement

Date Stamp <b>RECEIVED</b> 2024 JUL 25 A 9:54 CITY OF SAN FERNANDO CITY CLERK	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Strickler Jason D</u>	AYTIME TELEPHONE NUMBER	FAX NUMBER (optional) ( ) <u>none</u>	EMAIL (optional)
STREET ADDRESS	CITY <u>San Fernando</u>	STATE <u>CA</u>	ZIP CODE <u>91340</u>
OFFICE SOUGHT (POSITION TITLE) <u>city council</u>	AGENCY NAME <u>City of San Fernando</u>	DISTRICT NUMBER, if applicable. <u>NA</u>	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		<u>2024</u> (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)  
 I 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 \_\_\_/\_\_\_/\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)  
 On, \_\_\_/\_\_\_/\_\_\_ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 25, 2024 Signature J. Strickler  
(month, day, year) (Candidate)