

**Statement of Organization
Recipient Committee**

Statement Type

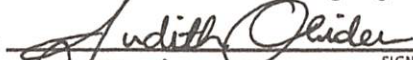

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp	CALIFORNIA FORM 410
RECEIVED	For Official Use Only
2024 SEP 12 P 2:06	
CITY OF SAN FERNANDO CITY CLERK	

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number <small>(if applicable)</small> N/A	
NAME OF COMMITTEE Jason Strickler for San Fernando City Council 2024	NAME OF TREASURER Judith Oliden
STREET ADDRESS (NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Tujunga CA 91042
CITY STATE ZIP CODE AREA CODE/PHONE San Fernando CA 91340	EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT) N/A	NAME OF ASSISTANT TREASURER, IF ANY N/A
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) strickler4sanfernando@gmail.com	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE N/A
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Los Angeles City of San Fernando	EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE N/A
Attach additional information on appropriately labeled continuation sheets.	NAME OF PRINCIPAL OFFICER(S) N/A
	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE N/A
	EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE N/A

3. 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.

Executed on <u>09/12/2024</u> <small>DATE</small>	By <u></u> <small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on <u>09/12/2024</u> <small>DATE</small>	By <u></u> <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on _____ <small>DATE</small>	By _____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on _____ <small>DATE</small>	By _____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Jason Strickler for San Fernando City Council 2024	I.D. NUMBER N/A
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Bank of America	AREA CODE/PHONE -----	BANK ACCOUNT NUMBER -----	
ADDRESS OF FINANCIAL INSTITUTION -----	CITY San Fernando	STATE CA	ZIP CODE 91340

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Jason Strickler	San Fernando City Council	2024	Nonpartisan	Partisan <input checked="" type="checkbox"/>	(list political party below) Democratic
N/A			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
N/A		SUPPORT	OPPOSE
N/A		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Jason Strickler for San Fernando City Council 2024

I.D. NUMBER

N/A

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

N/A

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

N/A

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

N/A

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.