

Recipient Committee Campaign Statement Cover Page

| | |
|--|-------------------------------|
| Date Stamp RECEIVED 2024 SEP 28 CITY OF SAN FERNANDO CITY CLERK | CALIFORNIA FORM 460 |
| Page 1 of 13 For Official Use Only | |

| | |
|--|---|
| Statement covers period from 01/01/2024 through 09/21/2024 | Date of election if applicable: (Month, Day, Year) 11/05/2024 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| <small>(Also Complete Part 5)</small> | <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | <small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
Not Yet Received

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Jason Strickler for San Fernando City Council 2024

STREET ADDRESS (NO P.O. BOX)

| | | | |
|--------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| San Fernando | CA | 91340 | |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| N/A | N/A | N/A | N/A |

OPTIONAL: FAX / E-MAIL ADDRESS

N/A

Treasurer(s)

NAME OF TREASURER

Judith Oliden

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | CA | 91042 | |

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| N/A | N/A | N/A | N/A |

N/A

OPTIONAL: FAX / E-MAIL ADDRESS

N/A

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 09/22/2024
Date

Executed on 09/22/2024
Date

Executed on _____
Date

Executed on _____
Date

By Judith Oliden
Signature of Treasurer or Assistant Treasurer

By J. Strickler
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

| | | | |
|--|--------------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE Jason Strickler | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Member of City Council, San Fernando | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
| | San Fernando | CA | 91340 |

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|--------------------------|---|
| COMMITTEE NAME N/A | I.D. NUMBER N/A |
| NAME OF TREASURER N/A | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | | |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| N/A | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| N/A | N/A | N/A | N/A |

| | |
|--------------------------|---|
| COMMITTEE NAME N/A | I.D. NUMBER N/A |
| NAME OF TREASURER N/A | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | | |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| N/A | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| N/A | N/A | N/A | N/A |

6. Primarily Formed Ballot Measure Committee

| | | |
|---|----------------------------|---|
| NAME OF BALLOT MEASURE N/A | | |
| BALLOT NO. OR LETTER N/A | JURISDICTION N/A | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. | | |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT N/A | | |
| OFFICE SOUGHT OR HELD N/A | DISTRICT NO. IF ANY N/A | |

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|--|------------------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE N/A | OFFICE SOUGHT OR HELD N/A | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE N/A | OFFICE SOUGHT OR HELD N/A | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE N/A | OFFICE SOUGHT OR HELD N/A | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE N/A | OFFICE SOUGHT OR HELD N/A | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|---------------------------------|
| Statement covers period from <u>01/01/2024</u> through <u>09/21/2024</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>13</u> |
| | I.D. NUMBER Not Yet Received |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jason Strickler for San Fernando City Council 2024

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>1,350</u> | \$ <u>1,350</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | \$ <u>-0-</u> | \$ <u>-0-</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>1,350</u> | \$ <u>1,350</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$ <u>-0-</u> | \$ <u>-0-</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>1,350</u> | \$ <u>1,350</u> |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|---------------|
| 20. Contributions Received | \$ <u>N/A</u> | \$ <u>N/A</u> |
| 21. Expenditures Made | \$ <u>N/A</u> | \$ <u>N/A</u> |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>2.08</u> | \$ <u>2.08</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | \$ <u>-0-</u> | \$ <u>-0-</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>2.08</u> | \$ <u>2.08</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>-0-</u> | \$ <u>-0-</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | \$ <u>-0-</u> | \$ <u>-0-</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>2.08</u> | \$ <u>2.08</u> |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
|--|---------------|
| Date of Election (mm/dd/yy) | Total to Date |
| <u> </u> / <u> </u> / <u> </u> | \$ <u>N/A</u> |
| <u> </u> / <u> </u> / <u> </u> | \$ <u>N/A</u> |

Current Cash Statement

| | |
|---|--------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>-0-</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>1,350</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | \$ <u>-0-</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>2.08</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>1,347.92</u> |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

| | |
|---|---------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>-0-</u> |
|---|---------------|

Cash Equivalents and Outstanding Debts

| | |
|---|---------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>-0-</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>-0-</u> |

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2024
through 09/21/2024

CALIFORNIA FORM 460
Page 4 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jason Strickler for San Fernando City Council 2024

I.D. NUMBER
Not Yet Received

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 09/09/24 | Jason Strickler | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Prevention Program Coordinator, Pueblo y Salud Inc. | \$100 | \$100 | |
| 09/13/24 | Gerardo Guzman | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | General Manager, G7 Strategies | \$150 | \$150 | |
| 9/20/24 | Ruben Ricardo Rodriguez | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Director, Pueblo y Salud Inc. | \$500 | \$500 | |
| 9/20/24 | Adriana Mancillas | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$500 | \$500 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 1,250

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,250
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 100
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 1,350

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>01/01/2024</u> through <u>09/21/2024</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jason Strickler for San Fernando City Council 2024

I.D. NUMBER

Not Yet Received

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|---|---|--|----------------------------------|--------------------------------|---|
| | | | | <input type="checkbox"/> PAID \$ _____ | <input type="checkbox"/> FORGIVEN \$ _____ | | | | |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ % RATE | \$ _____ | \$ _____ PER ELECTIO \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ % RATE | \$ _____ | \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ % RATE | \$ _____ | \$ _____ PER ELECTION** \$ _____ |

SUBTOTALS \$ -0- \$ -0- \$ -0- \$ -0-

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ -0-
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ -0-
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

† Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

** If required.

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2024
through 09/21/2024

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jason Strickler for San Fernando City Council 2024

I.D. NUMBER
Not Yet 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) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|--|---|-------------------------------|-------------------------------|---|-----------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER <hr/> DATE <hr/> | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER <hr/> DATE <hr/> | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER <hr/> DATE <hr/> | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER <hr/> DATE <hr/> | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |

SUBTOTAL \$-0- Enter on Summary Page, Line 17 only.



**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|---------------------------------|
| Statement covers period from <u>01/01/2024</u> through <u>09/21/2024</u> | CALIFORNIA FORM 460 |
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| | I.D. NUMBER Not Yet Received |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jason Strickler for San Fernando City Council 2024

| 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 | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ -0-

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.)\$ -0-

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ -0-

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$ -0-

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee



**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|----------------------------|
| Statement covers period from <u>01/01/2024</u> through <u>09/21/2024</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>13</u> |
| I.D. NUMBER Not Yet Received | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jason Strickler for San Fernando City Council 2024

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ -0- | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ -0-
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ -0-
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** .. \$ -0-



**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|--|---------------------------------|
| Statement covers period from <u>01/01/2024</u> through <u>09/21/2024</u> | CALIFORNIA FORM 460 |
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| | I.D. NUMBER Not Yet Received |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jason Strickler for San Fernando City Council 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/spons |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| | | | |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ -0-

Schedule E Summary

| | |
|--|----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ -0- |
| 2. Unitemized payments made this period of under \$100 | \$ 2.08 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ -0- |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 2.08 |



Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

| | |
|--|-----------------------------|
| Statement covers period from <u>01/01/2024</u> through <u>09/21/2024</u> | CALIFORNIA FORM 460 |
| | Page <u>10</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jason Strickler for San Fernando City Council 2024

I.D. NUMBER
Not Yet Received

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| SUBTOTALS | | \$ -0- | \$ -0- | \$ -0- | \$ -0- |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

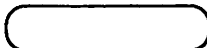
- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** -0-
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** -0-
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -0-

May be a negative number

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov



Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period
 from 01/01/2024
 through 09/21/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Jason Strickler for San Fernando City Council 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 N/A

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ -0-

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2024
through 09/21/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jason Strickler for San Fernando City Council 2024

I.D. NUMBER

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| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|---|---|--|----------------------------------|--|---|--|----------------------------|--------------------------------|---|
| | | | | <input type="checkbox"/> PAID \$ _____ | <input type="checkbox"/> FORGIVEN \$ _____ | | | | |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ | <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ | <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | SUBTOTALS | \$ -0- | \$ -0- | \$ -0- | \$ -0- | | | |

*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.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period.....\$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)

2. Payments received on loans.....\$ -0-
(Total Column (c) plus unitemized payments of less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.).....NET \$ -0-
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

(May be a negative number)

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | |
|--|--------------------------------|
| Statement covers period from <u>01/01/2024</u> through <u>09/21/2024</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jason Strickler for San Fernando City Council 2024

I.D. NUMBER

Not Yet Received

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ -0-

Schedule I Summary

| | |
|---|---------------|
| 1. Itemized increases to cash this period. | \$ -0- |
| 2. Unitemized increases to cash of under \$100 this period. | \$ -0- |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ -0- |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | \$ -0- |
| TOTAL | \$ -0- |