

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

RECEIVED

<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp SEP 29 2024	CALIFORNIA FORM 470 SUPPLEMENT
	For Official Use Only CITY CLERK DEPARTMENT CITY OF SAN FERNANDO	

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jason Strickler

STREET ADDRESS

CITY

STATE

ZIP CODE

San Fernando

CA

91340

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

N/A

2. Office Sought

OFFICE SOUGHT

Member of City Council, San Fernando, CA

DISTRICT NUMBER
(IF APPLICABLE)

N/A

DATE OF ELECTION (MONTH, DAY, YEAR)

11/05/2024

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

09/27/2024

(MONTH, DAY, YEAR)