

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Fajardo, Joel C.	DAYTIME TELEPHONE NUMBER _____	FAX NUMBER (optional) () _____	EMAIL (optional) joel@joelforsanfernando.com
STREET ADDRESS _____	CITY San Fernando	STATE CA	ZIP CODE _____
OFFICE SOUGHT (POSITION TITLE) Member of the City Council	AGENCY NAME San Fernando	DISTRICT NUMBER, if applicable. _____	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
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)			2022 (Year of Election)

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 11 15 2021
(month, day, year)

Signature

Joel C. Fajardo
(Candidate)