

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Page 1 of 15
For Official Use Only

Statement covers period
from 7/1/2022
through 9/24/2022

Date of election if applicable:
(Month, Day, Year)
11/8/2022

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure
Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

ID NUMBER
1442526

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
FAJARDO FOR CITY COUNCIL 2022

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

OPTIONAL: FAX / E-MAIL ADDRESS
joel@joelforsanfernando.com

Treasurer(s)

NAME OF TREASURER
Joel Fajardo

MAILING ADDRESS

STATE ZIP CODE AREA CODE/PHONE
CA 91340

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
Treasurer: joel@joelforsanfernando.com

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 9/25/2022 Date
Executed on 9/25/2022 Date
Executed on _____ Date
Executed on _____ Date

By Joel Fajardo Signature of Treasurer or Assistant Treasurer
By Joel Fajardo 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

FPPC Form 460 (January 05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 15

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Joel Fajardo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Other: Member of the 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
Fajardo for City Council 2020

I.D. NUMBER
1424742

NAME OF TREASURER
Joel Fajardo

CONTROLLED COMMITTEE?
☒ YES ☐ NO

CITY STATE ZIP CODE AREA CODE/PHONE
San Fernando CA 91340 (

COMMITTEE NAME
Fajardo for Assembly 2016

I.D. NUMBER
1379449

NAME OF TREASURER
Gary Crummitt

CONTROLLED COMMITTEE?
☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd.
Suite 670

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802 (562) 983-0815

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/2022 through 9/24/2022	CALIFORNIA FORM 460 Page 3 of 15 I.D. NUMBER 1442526
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FAJARDO FOR CITY COUNCIL 2022

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$5,200.00	\$15,200.00
2. Loans Received Schedule B, Line 3	\$0.00	\$9,500.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$5,200.00	\$24,700.00
4. Nonmonetary Contributions Schedule C, Line 3	\$500.00	\$500.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$5,700.00	\$25,200.00

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		
21. Expenditures Made		

Expenditures Made

6. Payments Made Schedule E, Line 4	\$3,527.14	\$10,360.83
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$3,527.14	\$10,360.83
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment Schedule C, Line 3	\$500.00	\$500.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$4,027.14	\$10,860.83

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yyyy)	Total to Date

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$12,666.31
13. Cash Receipts Column A, Line 3 above	\$5,200.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00
15. Cash Payments Column A, Line 8 above	\$3,527.14
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$14,339.17

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$9,500.00

To calculate Column B, add amounts in Column A to the corresponding amount 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).

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

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 7/1/2022 through 9/24/2022	CALIFORNIA FORM 460 Page 4 of 15
I.D. NUMBER 1442526	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FAJARDO FOR CITY COUNCIL 2022

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)
7/3/2022	Luis Lopez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Nonprofit Healthcare Director EMPLOYER: City of Hope	\$200.00	\$200.00	
7/18/2022	Paul Little	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: CEO EMPLOYER: Alston	\$500.00	\$500.00	
7/19/2022	Valley Alarm	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
8/1/2022	Justin Aldi	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Real Estate Investor Self-Employed BUSINESS: Mackillie Inc	\$500.00	\$500.00	
8/17/2022	Ricardo Montes	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Retired EMPLOYER: Retired	\$200.00	\$200.00	
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$5,000.00
2. Amount received this period - unitemized monetary contributions of less than \$100	\$200.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$5,200.00

*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 A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2022</u> through <u>9/24/2022</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>15</u>
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NAME OF FILER
FAJARDO FOR CITY COUNCIL 2022

I.D. NUMBER
1442526

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)
8/18/2022	Carol Ortiz	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Retired EMPLOYER: Retired	\$500.00	\$500.00	
8/19/2022	Laura Friedman for Assembly 2022 16633 Ventura Blvd. Suite 1008 Encino, CA 91436 COMMITTEE ID: 1435032	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	
8/23/2022	Roy Jimenez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Attorney EMPLOYER: TLD Law	\$100.00	\$100.00	
8/23/2022	Mark Sithi	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Principal EMPLOYER: Cloudmed	\$250.00	\$250.00	
8/24/2022	Evergreen PAC 12501 Imperial Highway Suite 200 Norwalk, CA 90650 COMMITTEE ID: 1408992	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
SUBTOTAL \$						

***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 A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/2022 through 9/24/2022	CALIFORNIA FORM 460 Page 6 of 15
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NAME OF FILER
FAJARDO FOR CITY COUNCIL 2022

ID. NUMBER
1442526

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)
9/15/2022	Merrv Rutrick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Fundraiser EMPLOYER: American Jewish Committee	\$250.00	\$250.00	
9/16/2022	Edison International/So Cal Edison 2244 Walnut Grove Ave Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
9/23/2022	Christopher Neely	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Engineer EMPLOYER: Boeing	\$100.00	\$100.00	
9/23/2022	LA League of Conservation Voters 777 S. Figueroa Street Suite 4050 Los Angeles, CA 90017 COMMITTEE ID: 810317	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
7/5/2022	Eric Rivera	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCCUPATION: Manager EMPLOYER: ProSearch	\$100.00	\$100.00	
SUBTOTAL \$						

*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 B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 7/1/2022 through 9/24/2022	CALIFORNIA FORM 460 Page 7 of 15
I.D. NUMBER 1442526	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FAJARDO FOR CITY COUNCIL 2022

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
Joel Fajardo	OCCUPATION: Realtor EMPLOYER: Keller Williams Realty Encino-Sherman Oaks			<input type="checkbox"/> PAID \$0.00	\$9,500.00	0 % RATE	\$9,500.00	CALENDAR YEAR \$9,500.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$9,500.00	\$0.00	<input type="checkbox"/> FORGIVEN \$0.00	12/31/2022 DATE DUE	\$0.00 RATE	11/15/2021 DATE INCURRED	PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$0.00		% RATE		CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> FORGIVEN \$0.00		% RATE		PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$0.00		% RATE		CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> FORGIVEN \$0.00		% RATE		PER ELECTION**
SUBTOTAL \$		\$	\$	\$	\$			

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

Schedule B Summary

- Loans received this period \$0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$0.00
(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 \$0.00
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.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 800/ASK-FPPC (866/276-3172)

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 7/1/2022 through 9/24/2022	CALIFORNIA FORM 460 Page 8 of 15
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FAJARDO FOR CITY COUNCIL 2022

LD. NUMBER
1442526

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
7/1/2022	Fajardo for City Council 2020 San Fernando, CA 91340 COMMITTEE ID: 1424742	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Campaign Supplies, Materials and Graphics	\$500.00	\$500.00	
		<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 \$

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$500.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
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 \$500.00

***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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 FAJARDO FOR CITY COUNCIL 2022

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D

Statement covers period from 7/1/2022 through 9/24/2022	CALIFORNIA FORM 460
Page 9 of 15	
I.D. NUMBER 1442526	

DATE	NAME OF CANDIDATE, 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"/> 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				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$0.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) \$0.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 7/1/2022 through 9/24/2022	CALIFORNIA FORM 460 Page 10 of 15
I.D. NUMBER 1442526	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FAJARDO FOR CITY COUNCIL 2022

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
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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nationbuilder 750 W 7th Street Suite 201 Los Angeles, CA 90017	WEB		\$123.00
Office Depot 12900 Foothill Boulevard Sylmar, CA 91342	OFC		\$158.20
City of San Fernando 117 N Macneil St San Fernando, CA 91340	FIL		\$550.00

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payment made this period. (Include all Schedule E subtotals.)	\$3,415.03
2. Unitemized payments made this period of under \$100	\$112.11
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$3,527.14

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 855/ASK-FPPC (866/275-3772)

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 7/1/2022 through 9/24/2022	CALIFORNIA FORM 460 Page 11 of 15
I.D. NUMBER 1442526	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FAJARDO FOR CITY COUNCIL 2022

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
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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Signs on the Cheap 11525A Stonehollow Drive Suite 100 Austin, TX 78758		Lawn signs	\$1,137.78
Cops Voter Guide P.O.Box 214006 Sacramento, CA 95821 COMMITTEE ID: 599014		Slate mailer	\$250.00
2P Branding and Marketing 10960 Bluffsides Drive Suite 106 Studio City, CA 91604	WEB		\$550.00
Raise the Money P.O. Box 26466 Little Rock, AR 72221		Credit Card Processing	\$110.80
Professional Printing Centers 1203 San Fernando Road San Fernando, CA 91340	LIT		\$535.25

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

SUBTOTAL \$

FPPC Form 460 (January 05)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-5772)

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from 7/1/2022 through 9/24/2022	CALIFORNIA FORM 460 Page 12 of 15
I.D. NUMBER 1442526	

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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
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/bailot 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 CLOSING OF THIS PERIOD
SUBTOTAL \$		\$	\$	\$	\$

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 \$0.00
- 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 \$0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....NET \$0.00
(May be a negative number)

FPPC Form 480 (January 05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (366275-3773)

Schedule H Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 7/1/2022 through 9/24/2022	CALIFORNIA FORM 460
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ID. NUMBER
1442526

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. 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				CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID				CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	
*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.			SUBTOTAL	\$	\$	\$	\$	

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

Schedule H Summary

- Loans made this period \$0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$0.00
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$0.00
Enter the net here and on the Summary Page, Column A, Line 7.
(May be a negative number)

** If required.

Schedule I

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
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FAJARDO FOR CITY COUNCIL 2022

I.D. NUMBER	1442526
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
SUBTOTAL \$			

Schedule I Summary

- | | |
|---|--------|
| 1. Itemized increases to cash this period. | \$0.00 |
| 2. Unitemized increases to cash of under \$100 this period. | \$0.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | \$0.00 |
| TOTAL | \$0.00 |

For the avoidance of doubt, the print-out file from cafile.sos.ca.gov/CalOnline states there are 15 pages but there are actually only 14 pages.