

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED

COVER PAGE

|                                    |   |
|------------------------------------|---|
| Date Stamp<br>2023 JAN -4 A 4:1    | CALIFORNIA<br>2001/02<br>FORM<br><b>460</b> |
| CITY OF SAN FERNANDO<br>CITY CLERK | Page 1 of 12<br>For Official Use Only       |

SEE INSTRUCTIONS ON REVERSE

|   |   |
|---|---|
| <b>Statement covers period</b><br>from 10/23/2022<br>through 12/31/2022 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>11/8/2022 |
|---|---|

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

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

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input checked="" type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination)<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

**3. Committee Information**

I.D. NUMBER  
1424742

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
FAJARDO FOR CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)

|                      |             |                   |                 |
|----------------------|-------------|-------------------|-----------------|
| CITY<br>SAN FERNANDO | STATE<br>CA | ZIP CODE<br>91340 | AREA CODE/PHONE |
|----------------------|-------------|-------------------|-----------------|

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Joel Fajardo

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

**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 12/28/2022 | Date |
| Executed on 12/28/2022 | Date |
| Executed on            | Date |
| Executed on            | Date |

|   |   |
|---|---|
| By  | Signature of Treasurer or Assistant Treasurer   |
| By  | 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 12

## **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                | I.D. NUMBER |
|-------------------------------|-------------|
| Fajardo for City Council 2022 | 1442526     |

| NAME OF TREASURER | CONTROLLED COMMITTEE?   |
|-------------------|---|
| Joel Fajardo      | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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

| COMMITTEE NAME            | I.D. NUMBER |
|---------------------------|-------------|
| Fajardo for Assembly 2016 | 1379449     |

| NAME OF TREASURER | CONTROLLED COMMITTEE?   |
|-------------------|---|
| Gary Crummitt     | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)    |
|-------------------|---------------------------------|
|                   | 249 E. Ocean Blvd.<br>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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

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

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

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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<br>from 10/23/2022<br>through 12/31/2022 | CALIFORNIA<br>FORM <b>460</b><br>Page 3 of 12 |
| ID. NUMBER<br>1424742  |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
FAJARDO FOR CITY COUNCIL 2020

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| <b>Contributions Received</b>                         |  |  |
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$0.00   | \$850.00                                   |
| 2. Loans Received ..... Schedule B, Line 3            | (\$1,529.61)   | \$19,220.39                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | (\$1,529.61)   | \$20,070.39                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | \$0.00   | \$0.00                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | (\$1,529.61)   | \$20,070.39                                |

## 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                   | \$250.00 | \$318.62    |
| 7. Loans Made ..... Schedule H, Line 3                      | \$0.00   | \$0.00      |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$250.00 | \$318.62    |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | \$0.00   | \$0.00      |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | \$0.00   | \$0.00      |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$250.00 | \$20,389.01 |

## Expenditure Limit Summary for State Candidates

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

## Current Cash Statement

|   |              |
|---|--------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$1,779.61   |
| 13. Cash Receipts ..... Column A, Line 3 above                              | (\$1,529.61) |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | \$0.00       |
| 15. Cash Payments ..... Column A, Line 8 above                              | \$250.00     |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$0.00       |

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

|   |        |
|---|--------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$0.00 |
|---|--------|

## 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 | \$19,220.39 |

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<br>from 10/23/2022<br>through 12/31/2022 | CALIFORNIA<br>FORM <b>460</b><br>Page 4 of 12 |
| I.D. NUMBER<br>1424742   |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
FAJARDO FOR CITY COUNCIL 2020

| DATE<br>RECEIVED   | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE*   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|--------------------|---|--|---|-----------------------------------|---|--|
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                   |   |  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                   |   |  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                   |   |  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                   |   |  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                   |   |  |
| <b>SUBTOTAL \$</b> |   |  |   |                                   |   |  |

## Schedule A Summary

|   |              |
|---|--------------|
| 1. Amount received this period - itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$0.00       |
| 2. Amount received this period - unitemized monetary contributions of less than \$100 .....   | \$0.00       |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | TOTAL \$0.00 |

\*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 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 10/23/2022  
through 12/31/2022

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
FAJARDO FOR CITY COUNCIL 2020

I.D. NUMBER  
1424742

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*   | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN          | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE     |
|---|---|---|--|---|---|--|---|---|
| Joel Fajardo<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC                           | OCCUPATION: Realtor<br>EMPLOYER: Keller   | \$5,000.00  | \$0.00                                   | <input checked="" type="checkbox"/> PAID<br>\$1,529.61<br><br><input type="checkbox"/> FORGIVEN<br>\$0.00 | \$3,470.39<br><br>12/31/2020<br>DATE DUE                    | 0 %<br>RATE<br>\$0.00                  | \$5,000.00<br><br>10/28/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$3,470.39<br><br>PER ELECTION** |
| Joel Fajardo<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC                           | OCCUPATION: Realtor<br>EMPLOYER: Keller   | \$6,000.00  | \$0.00                                   | <input type="checkbox"/> PAID<br>\$0.00<br><br><input type="checkbox"/> FORGIVEN<br>\$0.00                | \$6,000.00<br><br>12/31/2020<br>DATE DUE                    | 0 %<br>RATE<br>\$0.00                  | \$6,000.00<br><br>10/15/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$6,000.00<br><br>PER ELECTION** |
| Joel Fajardo<br>San Fernando, CA 91340<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | OCCUPATION: Realtor<br>EMPLOYER: Keller   | \$9,750.00  | \$0.00                                   | <input type="checkbox"/> PAID<br>\$0.00<br><br><input type="checkbox"/> FORGIVEN<br>\$0.00                | \$9,750.00<br><br>12/31/2020<br>DATE DUE                    | 0 %<br>RATE<br>\$0.00                  | \$9,750.00<br><br>10/31/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$9,750.00<br><br>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 ..... \$1,529.61  
(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 (\$1,529.61)  
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: 866/ASK-FPPC (866/275-3772)

# Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

|  |   |
|--|---|
| Statement covers period<br>from <u>10/23/2022</u><br>through <u>12/31/2022</u> | CALIFORNIA<br>FORM <b>460</b><br>Page <u>6</u> of <u>12</u> |
| I.D. NUMBER<br>1424742   |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
FAJARDO FOR CITY COUNCIL 2020

| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND<br>ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE*   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | DESCRIPTION OF<br>GOODS OR SERVICES | AMOUNT/<br>FAIR MARKET<br>VALUE | CUMULATIVE TO<br>DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------------|--|--|---|-------------------------------------|---------------------------------|--|--|
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                     |                                 |  |  |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                     |                                 |  |  |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                     |                                 |  |  |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                                     |                                 |  |  |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

## Schedule C Summary

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

### \*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 2020

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

SCHEDULE D

|  |   |
|--|---|
| Statement covers period<br>from 10/23/2022<br>through 12/31/2022 | CALIFORNIA<br>FORM <b>460</b><br>Page 7 of 12 |
| I.D. NUMBER<br>1424742   |   |

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

FPPC Form 460 (January 06)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule E Payments Made

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

SCHEDULE E

|  |   |
|--|---|
| Statement covers period<br>from 10/23/2022<br>through 12/31/2022 | CALIFORNIA<br>FORM <b>460</b><br>Page 8 of 12 |
| I.D. NUMBER<br>1424742   |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
FAJARDO FOR CITY COUNCIL 2020

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT                             | AMOUNT PAID |
|---|---------|--|-------------|
| City of San Fernando<br>117 N Macneil St<br>San Fernando, CA 91340  |         | Civic Donation in lieu of refund to Semptra Energy | \$250.00    |
|   |         |  |             |
|   |         |  |             |

\* 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.)  | \$250.00 |
| 2. Unitemized payments made this period of under \$100   | \$0.00   |
| 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.) | \$250.00 |

FPPC Form 460 (January 05)  
FPPC Toll-Free Helpline: 800/ASK-FPPC (866/275-3772)



# Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from 10/23/2022<br>through 12/31/2022 | CALIFORNIA<br>FORM <b>460</b> |
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| I.D. NUMBER<br>1424742   |                               |

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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/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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSING<br>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 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASX-FPPC (866/275-3772)

# Schedule H Loans Made to Others\*

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

SCHEDULE H

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from 10/23/2022<br>through 12/31/2022 | CALIFORNIA<br>FORM <b>460</b> |
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1424742

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>LOANED THIS<br>PERIOD | (c)<br>REPAYMENT OR<br>FORGIVENESS<br>THIS PERIOD* | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>RECEIVED | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>LOANS<br>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

|  |        |
|--|--------|
| 1. Loans made this period .....<br>(Total Column (b) plus unitemized loans of less than \$100.)        | \$0.00 |
| 2. Payments received on loans .....<br>(Total Column (c) plus unitemized payments of less than \$100.) | \$0.00 |
| 3. Net change this period. (Subtract Line 2 from Line 1.) .....NET                                     | \$0.00 |
| (May be a negative number)   |        |

\*\* If required.



For the avoidance of doubt, the print-out file from [cafile.sos.ca.gov/CalOnline](http://cafile.sos.ca.gov/CalOnline) states there are 12 pages but there are actually only 11 pages.

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