		60				
Statement of C	Organization			Date Stamp CA	LIFORNIA 410	
Recipient Con	nmittee			RECEIVED	FORM 410	
Statement Type	☐ Initial	X Amendment	Termination – See Part 5	2020 850 20 4 2010	For Official Use Only	
	O Not yet qualified			2024 SEP 20 A 12:12 P	2	
	or  O Date qualification threshold met	Date qualification threshold met	Date of termination	CITY OF SAM FERNAND	76	
		09_/27/2024		CITY CLERK		
1. Committee I	nformation I.D. Numbe	r 1475371	2. Treasurer and O	ther Principal Officers		
NAME OF COMMITTEE	19 approach		NAME OF TREASURER			
			Judith Oliden			
lason Strickle	er for San Fernando City	Council 2024	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE	1
Jason Scriekte	i for sun remande erey			Tujunga	CA 91042	2
	8		EMAIL ADDRESS OF TREASURE		AREA CODE/PHONE	
STREET ADDRESS (NO P.C	D. BOX)					
			NAME OF ASSISTANT TREASUR	ER, IF ANY		
CITY	STATE	ZIP CODE AREA CODE/PHONE	N/A			
San Fernando	CA	91340	N/A STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE	
FULL MAILING ADDRESS			N/A			
N/A			N/A EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE	-
E-MAIL ADDRESS OF COM	MMITTEE (REQUIRED) / FAX (OPTIONAL)			,	7070.070000000 007.000.400.000000000000	
t .			N/A NAME OF PRINCIPAL OFFICER(S			
COUNTY OF DOMICILE	ernando@gmail.com	COMMITTEE IS ACTIVE				
les Angoles	City of San		N/A STREET ADDRESS (NO P.O. BOX	CITY	STATE ZIP CODE	
Los Angeles	City of San	Ternando			211112	
			N/A EMAIL ADDRESS OF PRINCIPAL	OFFICED(S) (DEC) HDED)	AREA CODE/PHONE	
Attach additional	information on appropriately lab	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(3) (REQUIRED)	7.11.27.0002/17.01.0	
			N/A			
						E STATE
3. Verification						
I have used all rea	sonable diligence in preparing th	is statement and to the best of m	v knowledge the information	n contained herein is true and com	plete. I certify under	
penalty of periury	under the laws of the State of C	alifornia that the foregoing is true	and correct.			
		Audith	Gliden			
Executed on 09/2	9/2024 By	(SIGNATURE	OF TREASURER OR ASSISTANT TREASURER			
		1. XAN	Cler			
Executed on <u>1972</u>	9/2024 By	SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT		
Funnitari co						
Executed on	DATE By	SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT		
Executed on	By					
Ended to the	DATE	SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	FPPC Form 410 (October/2	2023

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

## CALIFORNIA Statement of Organization **FORM Recipient Committee** INSTRUCTIONS ON REVERSE Page 3 I.D. NUMBER COMMITTEE NAME 1475371 Jason Strickler for San Fernando City Council 2024 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee COUNTY Committee ☐ STATE Committee CITY Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY N/A List additional sponsors on an attachment. Sponsored Committee INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR N/A N/A AREA CODE/PHONE STATE ZIP CODE CITY NO. AND STREET STREET ADDRESS N/A Small Contributor Committee By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- · This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and

5. Termination Requirements

- · This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

## Statement of Organization CALIFORNIA **Recipient Committee** FORM INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER Jason Strickler for San Fernando City Council 2024 1475371 All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records. NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS AREA CODE/PHONE BANK ACCOUNT NUMBER Bank of America Jason Strickler

CITY

San Fernando

4. Type of Committee Complete the applicable sections.

## Controlled Committee

120 S Brand Bldv.

ADDRESS OF FINANCIAL INSTITUTION

Judith Oliden

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- · If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	PAR		
			Nonpartisan	Partisan	(list political party below)
Jason Strickler	San Fernando City Council	2024		Х	Democratic
N/A			Nonpartisan	Partisan	(list political party below)

ELECTIVE OFFICE COLICUT OR UFLO

Primarily Formed Committee Primarily

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR	MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	
	"RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

STATE

CA

ZIP CODE

91340

CHECK ONE

N/A	SUPPORT	OPPOSE
N/A	SUPPORT	OPPOSE