

**Candidate Intention Statement**

Date Stamp	<b>CALIFORNIA FORM 501</b>
	For Official Use Only
	CITY OF SAN FERNANDO RECEIVED
	FEB 03 2026 PM02:49
	CITY CLERK DEPARTMENT

Check One:  Initial  Amendment (Explain)

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) Fajardo, Joel C	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) ( )	EMAIL (optional)
STREET ADDRESS	CITY San Fernando	STATE CA	ZIP CODE 91340
OFFICE SOUGHT (POSITION TITLE) Member of the City Council	AGENCY NAME City of San Fernando	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION			PARTY PREFERENCE: (Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)			<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)	2026 (Year of Election)	<input type="checkbox"/> SPECIAL / RUNOFF

**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 02/03/2026 Signature Joel C. Fajardo  
(month, day, year) (Candidate)