

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only
	CITY OF SAN FERNANDO
	RECEIVED
	FEB 27 2026 PM01:06
	CITY CLERK DEPARTMENT

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Vergara, Michelle	DAYTIME TELEPHONE NUMBER _____	FAX NUMBER (optional) () _____	EMAIL (optional) _____
STREET ADDRESS _____	CITY San Fernando	STATE CA	ZIP CODE 91340
OFFICE SOUGHT (POSITION TITLE) City Council Member	AGENCY NAME City of San Fernando	DISTRICT NUMBER, if applicable _____	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
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)		2026 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <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 02/23/2026
(month, day, year)

Signature 
(Candidate)