

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
RECEIVED	For Official Use Only
2021 NOV 17 P 3: 22	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Ballin, Sylvia G.			()	BallinforCityCouncil@gmail.com
STREET ADDRESS		CITY	STATE	ZIP CODE
		San Fernando	CA	91340
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.		<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Member of the City Council	San Fernando			PARTY PREFERENCE:
OFFICE JURISDICTION				(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: _____				<input type="checkbox"/> SPECIAL / RUNOFF
				2022 (Year of Election)
				(Name of Multi-County Jurisdiction)

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 11 17 2021
(month, day, year)

Signature *Sylvia Ballin*
(Candidate)