

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination – See Part 5

Date of termination

12 / 15 / 2023

RECEIVED

Date Stamp

2023 DEC 18 A 9:48


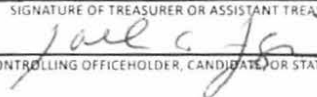
CITY OF SAN FERNANDO
CITY CLERK

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information		I.D. Number 1464963 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE				NAME OF TREASURER	
Families and Councilman Fajardo Supporting Sylvia Ballin for City Council 2024				Joel Fajardo	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
				CITY	
				San Fernando	
				STATE	
				CA	
				ZIP CODE	
CITY				EMAIL ADDRESS OF TREASURER (REQUIRED)	
San Fernando				AREA CODE/PHONE	
STATE					
CA					
ZIP CODE					
91340					
AREA CODE/PHONE					
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)	
				CITY	
				San Fernando	
				STATE	
				CA	
				ZIP CODE	
COMMITTEE IS ACTIVE				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	
Los Angeles				AREA CODE/PHONE	
City of San Fernando					
Attach additional information on appropriately labeled continuation sheets.				Joel Fajardo	
				STREET ADDRESS (NO P.O. BOX)	
				CITY	
				San Fernando	
				STATE	
				CA	
				ZIP CODE	
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	
				AREA CODE/PHONE	
3. Verification					

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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	12/15/2023	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	12/15/2023	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Families and Councilman Fajardo Supporting Sylvia Ballin for City Council 2024		I.D. NUMBER 1464963	
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 0	BANK ACCOUNT NUMBER CLOSED	
ADDRESS OF FINANCIAL INSTITUTION	CITY Los Angeles	STATE CA	ZIP CODE
4. Type of Committee Complete the applicable sections.			

Controlled Committee

- 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Joel Fajardo (Officeholder)	Member of the City Council (At Large): San Fernando	2022	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

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) IF A RECALL, STATE "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)	CHECK ONE	
Sylvia Ballin	Member of the City Council (At Large): San Fernando	SUPPORT ✓	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME

Families and Councilman Fajardo Supporting Sylvia Ballin for City Council 2024

I.D. NUMBER

1464963

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ ____/____/____

Date qualified

5. Termination Requirements

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
- 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.

FPPC Form 410 (October/2023)

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

www.fppc.ca.gov