

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER Families and Councilman Fajardo Supporting Sylvia Ballin for City Council 2024		Date of This Filing 12/15/23	2023 DEC 18 A 9 CITY OF SAN FERNANDO CITY CLERK	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1464963	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Fernando	STATE CA	ZIP CODE	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Sylvia Ballin				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Member of the City Council: San Fernanc	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
12/15/23	Loan Repayment to Joel Fajardo	3000.00

Reason for Amendment _____