

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER Ballin for City Council 2024		Date of This Filing 12/19/23	Date Stamp 2023 DEC 26 A 9: 5	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No.	CITY OF SAN FERNANDO CITY CLERK	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 1 (explain below)		
CITY	STATE	ZIP CODE		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
12/18/23	Sylvia Ballin San Fernando, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner, City of San Fernando	4000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
12/18/23	Sylvia Ballin San Fernando, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner, City of San Fernando	50 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
12/04/23	Sylvia Ballin San Fernando, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner, City of San Fernando	1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: Typo with date, missing check boxes

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee