

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ballin for City Council 2024			Date of This Filing 12/29/24	<b>RECEIVED</b> 2023 DEC 26 A 9:50 CITY OF SAN FERNANDO CITY CLERK	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) Pending		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Fernando	STATE CA	ZIP CODE 91340	No. of Pages 1		

## 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 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>
12/4/23	Sylvia Ballin San Fernando, CA	<input 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: \_\_\_\_\_

\* 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