

2024 AUG -9 A 9:20

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CITY OF SAN FERNANDO  
CITY CLERK

CALIFORNIA  
FORM 501

For Official Use Only

### Candidate Intention Statement

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	( ) 0	( ) N/A	
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	City of San Fernando		PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	2024 <input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Year of Election) <input type="checkbox"/> SPECIAL / RUNOFF		
	(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 08 07 2024  
(month, day, year)

Signature Sylvia Ballin  
(Candidate)