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Annual County Control of	The state of the s

Statement of C	)rganization			Date Stamp CA	ALIFORNIA AAA			
Recipient Com	mittee			RECEIVED	FORM 410			
Statement Type	☐ Initial	✓ Amendment	☐ Termination – See Part 5	2 6 1210 CD 1010 C	For Official Use Only			
	O Not yet qualified			2024 AUG 30 P 5: 14	320,000,000,000			
	O Date qualification threshold met	Date qualification threshold met	Date of termination					
		08 / 30 / 24	/	CITY OF SAN FERNANDO CITY CLERK				
1. Committee I	nformation I.D. Numbe	1474085	2. Treasurer and O	ther Principal Officers				
NAME OF COMMITTEE			NAME OF TREASURER					
Families for Syl	via Ballin for City Council 2	2024		Sylvia Ballin				
			STREET ADDRESS (NO P.O. BOX)	San Fernando	STATE ZIP CODE  CA 91340			
			EMAIL ADDRESS OF TREASURER		AREA CODE/PHONE			
STREET ADDRESS (NO P.O	. BOX)		BallinForCityCouncil@					
1			NAME OF ASSISTANT TREASURI					
CITY	STATE	ZIP CODE AREA CODE/PHONE						
San Fernando	CA	91340	STREET ADDRESS (NO P.O. BOX)	) CITY	STATE ZIP CODE			
FULL MAILING ADDRESS	IF DIFFERENT)			-				
E-MAIL ADDRESS OF COM	MITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE			
BallinForCityCour			NAME OF PRINCIPAL OFFICER(S	5)				
COUNTY OF DOMICILE	JURISDICTION WHERE	COMMITTEE IS ACTIVE	TAME OF THINCHAE OF TREME					
Los Angeles	City of San Ferna	ndo	STREET ADDRESS (NO P.O. BOX)	) CITY	STATE ZIP CODE			
Attach additional i	nformation on appropriately labo	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CODE/PHONE			
Attach additional h	njormation on appropriately labo	ned continuation sheets.						
3. Verification				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
I have used all reas	sonable diligence in preparing th	is statement and to the best o	f my knowledge the informatio	on contained herein is true and con	plete. I certify under			
	under the laws of the State of Ca							
Executed on 08/30	/24 <sub>By</sub>	y www / Dall						
	DATE	SIGNA	TURE OF TREASURER OR ASSISTANT TREASURER	3				
Executed on	DATE By	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	• • • • • • • • • • • • • • • • • • • •			
Free stand on								
Executed on	DATE By	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT				
Executed on	By	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	FPPC Form 410 (October/2023			

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

Statement of Organization Recipient Committee  NSTRUCTIONS ON REVERSE						CALIFO FOR	DESCRIPTION OF THE PARTY AS A RES	10
COMMITTEE NAME Families for Sylvia Ballin for City Council 2024						I.D. NUMBER 1474085		
All committees must list the financial institution where the car	mpaign bank acc	count is located and t	the person(s)	authorized 1	to obtain ban	k records.		
iame of financial institution and person(s) authorized to obtain bank records  California Bank & Trust		AREA CODE/PHONE 213-228-1700		BANK ACCOU	BANK ACCOUNT NUMBER			
ADDRESS OF FINANCIAL INSTITUTION	eksort o	city Los Ange	eles		STATE CA	ZII	P CODE	
4. Type of Committee Complete the applicable sections.			SA SECTION		8 Y 10			
<ul> <li>List the name of each controlling officeholder, candidate, or sta also list the elective office sought or held, and district number,</li> <li>List the political party with which each officeholder or candidat</li> <li>If this committee acts jointly with another controlled committee</li> </ul>	if any, and the year te is affiliated or e ee, list the name a	ear of the election. check "nonpartisan."	Stating "No p mber of the o	arty prefere	ed committee	e. Y ONE		tu balaw)
Sylvia Ballin	Member of th	ne City Council: San F	ernando	2024	Nonpartisan  Nonpartisan	Partisan Partisan	(list political par	75. 20
Primarily Formed Committee  Primarily formed to support or or candidate(s) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	ETTER)	CANDIDATE(S) OF	es in a single of	HELD OR MEASU	IRE(S) JURISDICTI	ON	CHECK SUPPORT SUPPORT	ONE OPPOSE OPPOSE

## Statement of Organization

CALIFORNIA .

ecipient Committee				FORM 410		
INSTRUCTIONS ON REVERSE	TRUCTIONS ON REVERSE			Page 3		
COMMITTEE NAME				I.D. NUMBER		
Families for Sylvia Ballin for Ci	ty Council 2024			1474085		
4. Type of Committee (Con	ntinued)					
General Purpose Committee	Not formed to support or o	ppose specific candidates or measu	ures in a single election. Check only one	box:		
	☐ CITY Committee	☐ COUNTY Committee	☐ STATE Committee			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee	t additional sponsors on an atta	achment.				
NAME OF SPONSOR		INDUSTRY GROUP OR A	AFFILIATION OF SPONSOR			
STREET ADDRESS NO. AND S	STREET	CITY	STATE ZIP COD	DE AREA CODE/PHONE		
Small Contributor Committee						
	<u> </u>	_				

## 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.