

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Families for Sylvia Ballin for City Council 2024		Date of This Filing 08/30/24	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1474085	Report No. 1	RECEIVED	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	2024 AUG 30 P 5:14	
CITY San Fernando	STATE CA	ZIP CODE 91340	1 CITY OF SAN FERNANDO CITY CLERK	

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
08/09/24	Sylvia Ballin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Commission/Boardmember, City of San Fernando	200.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/30/24	Sylvia Ballin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Commission/Boardmember, City of San Fernando	50.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/30/24	Sylvia Ballin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Commission/Boardmember, City of San Fernando	6000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____