

COPY

Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	8 / 30 / 24	____/____/____

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

CITY OF SAN FERNANDO
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1. Committee Information		I.D. Number <small>(if applicable)</small>		FPPC ID 1474085		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE FAMILIES FOR SYLVIA BALLIN FOR CITY COUNCIL 2024						NAME OF TREASURER SYLVIA BALLIN				
STREET ADDRESS (NO P.O. BOX) _____						STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
CITY SAN FERNANDO						SAN FERNANDO		CA	91340	
STATE CA						ZIP CODE 91340		AREA CODE/PHONE		
FULL MAILING ADDRESS (IF DIFFERENT)						EMAIL ADDRESS OF TREASURER (REQUIRED) BALLINFORCITYCOUNCIL@GMAIL.COM				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) BALLINFORCITYCOUNCIL@GMAIL.COM						NAME OF ASSISTANT TREASURER, IF ANY ARIANNE GARCIA				
COUNTY OF DOMICILE LOS ANGELES						STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
JURISDICTION WHERE COMMITTEE IS ACTIVE CITY OF SAN FERNANDO						LOS ANGELES		CA	90033	
Attach additional information on appropriately labeled continuation sheets.						EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) _____		AREA CODE/PHONE		
						NAME OF PRINCIPAL OFFICER(S)				
						STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
						EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE		

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	10/28/24	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	10/28/24	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

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COMMITTEE NAME

FAMILIES FOR SYLVIA BALLIN FOR CITY COUNCIL 2024

I.D. NUMBER

FPPC ID 1474085

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

CALIFORNIA BANK AND TRUST

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

CA

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
SYLVIA BALLIN	CITY COUNCILMEMBER / SAN FERNANDO	2024	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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COMMITTEE NAME

FAMILIES FOR SYLVIA BALLIN FOR CITY COUNCIL 2024

I.D. NUMBER

FPPC ID 1474085

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ ____/____/____

Date qualified

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.