

Statement of (Recipient Con	-			Date Stamp	CALIFORNIA 41	0
Statement Type	 Initial Not yet qualified or Date qualification threshold met 	Amendment Date qualification threshold met//	✓ Termination – See Part 5 Date of termination 12 / 20 / 24	N FERNANDO ETVED 24 AM11:03	For Official Use Only	
1. Committee	Information I.D. Numbe	r 1474085	2. Treasurer and Oth	er Principal Officers		
NAME OF COMMITTEE FAMILIES FOR SYLVIA BALLIN FOR CITY COUNCIL 2024			NAME OF TREASURER SYLVIA BALLIN			
			STREET ADDRESS (NO P.O. BOX)	CITY HIS	STATE ZIP CO VANDO CA 913	
STREET ADDRESS (NO P.	O. BOX)		EMAIL ADDRESS OF TREASURER (R BALLINFORCITYCOUN		AREA CODE/PHONE	E
CITY SAN FERNANDO) STATE	zip code area code/phone 91340	NAME OF ASSISTANT TREASURER, ARIANNE GARCIA	IF ANY CITY	STATE ZIP CI	CODE
FULL MAILING ADDRESS			STREET ADDRESS (NO P.O. BOX)	LOS ANG	ELES CA 900	030
	mmittee (required) / fax (optional) YCOUNCIL@GMAIL.COM		EMAIL ADDRESS OF ASSISTANT TR	EASURER (REQUIRED)	AREA CODE/PHONE	E
COUNTY OF DOMICILE	JURISDICTION WHERE SAN FERNAND		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP C	CODE
Attach additional	information on appropriately lab	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL OF	FICER(S) (REQUIRED)	AREA CODE/PHONS	/E
3. Verification				and the state of the		

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	12/20/24	Bv	Pullod Calling	
Excedited on	DATE		1 SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on	12/20/24	By	Aller Caller	
Executed on	DATE	0,	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on		Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
	DATE		SIGNATURE OF CONTROLLING OFFICENCIDER, CAMDIDATE, OR STATE MEASURE FROFONENT	
Executed on		By	SCHUTURS OF CONTROLLING OFFICE UNDER CANDIDATE OF STATE MEASURE PROPONENT	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	FPPC Form 410 (October/2023)

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

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COMMITTEE NAME FAMILIES FOR SYLVIA BALLIN FOR CITY COUNCIL 2024		1.D. NUMBER 1474085
 All committees must list the financial institution where the campaign bank a 	ccount is located and the person(s) authoriz	zed to obtain bank records.
All committees must list the financial institution where the campaign bank a NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER

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	PAR CHECK		
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		
		SUPPORT	OPPOSE		

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COMMITTEE NAME FAMILIES FOR SYLV	IA BALLIN FOR CITY COUNC	IL 2024			1.D. NUMBER 1474085
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General Purpose Com	Not formed to support of CITY Committee	ort or oppose specific can	didates or measures i NTY Committee	n a single election. Chec	
PROVIDE BRIEF DESCRIPTION O	F ACTIVITY				
Sponsored Committee	List additional sponsors of	n an attachment.			
NAME OF SPONSOR		1	NDUSTRY GROUP OR AFFILIA	TION OF SPONSOR	
		СІТУ		STATE	ZIP CODE AREA CODE/PHONE
STREET ADDRESS	NO. AND STREET	city		SIAL	
Small Contributor Cor	nmittee	1			
	Date qualifie	d			
5. Termination Re	And the second		istant treasurer and/or can	lidate, officeholder, or ponent	certify that all of the following conditions have been m
Contraction of the second second second	s ceased to receive contributior	s and make expenditures	;		
 This committee do 	es not anticipate receiving cont	ributions or making exper	naitures in the future;		
 This committee ha 	s eliminated or has no intentior	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.