497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER	Date of This Filing	Date Stamp	CALIFORNIA FORM 497
No on Measure H, keep Los Banos Mayor's term at 2 years Sponsored by Talon Insights,	03/04/2024 01:06	RECEIVED MAR 04 2024 CITY OF LOS BANOS	For Official Use Only
AREA CODE/PHONE NUMBER:	I.D. NUMBER (if applicable): 1464272	Report No. 60	
STREET ADDRESS:	☐ Amendment to Report No. _____ (explain below)		
CITY: Los Banos, CA 93635 STATE: ZIP CODE:	No. of Pages 2		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2024-03-04	Talon Insights, LLC 7171 North Millbrook Avenue Suite 101 Fresno, CA 93720 Resp. Officer Michael Braa	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		10,000.00 ☐ Check if Loan _____ % Provide Interest Rate

Reason for Amendment: _____

* 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

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER		Date of This Filing 03/04/2024 01:06	Date Stamp	CALIFORNIA FORM 497
No on Measure H, keep Los Banos Mayor's term at 2 years Sponsored by Talon Insights, LLC		Report No.		For Official Use Only
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STREET ADDRESS		No. of Pages 2		
CITY STATE ZIP CODE Los Banos, CA 93635				

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____