

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER No on Measure H, keep Los Banos Mayor's term at 2 years Sponsored by Talon Insights,		Date of This Filing 02/22/2024 12:26	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1464272	Report No. 28		
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
Los Banos, CA 93635		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
2024-02-22	Talon Insights, LLC 7 -	☐ 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.

497 CONTRIBUTION REPORT

NAME OF FILER No on Measure H, keep Los Banos Mayor's term at 2 years Sponsored by Talon Insights, LLC		Date of This Filing 02/22/2024 12:26	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1464272	Report No.		
STREET ADDRESS		☐ Amendment to Report No. (explain below)		
CITY Los Banos, CA	STATE 93635	ZIP CODE 93635	No. of Pages 2	

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: