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,	02/26/2024 02:46		For Official Use Only
AREA CODE/PHONE NUMBER / **I.D. NUMBER (if applicable)**: 1464272	**Report No.** 40		
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
2024-02-26	Talon Insights, LLC Resp. Officer Michael Braa	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		15,000.00 ☐ 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

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STREET ADDRESS		No. of Pages 2	
CITY: Los Banos, CA 93635	STATE	ZIP CODE	

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: _____