

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM 465

Page 1 of 3

For Official Use Only

RECEIVED  
10 APR - 5 P 3:13  
CITY OF WALNUT  
CITY CLERKS OFFICE

Date Stamp

Report covers period from 01/01/2010 through 03/27/2010  
Date of election if applicable: (Month, Day, Year)

Amendment (Explain Below)

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME: Keeping Walnut Together  
STREET ADDRESS (NO P.O. BOX): 385 S Lemon St #8226  
CITY: Walnut CA, 91789 STATE: CA ZIP CODE: 91789 AREA CODE/PHONE: 714-540-2295  
OPTIONAL: FAX/E-MAIL ADDRESS:

I.D. NUMBER (If recipient committee): 1324635  
NAME OF TREASURER: Lyssa Ray  
MAILING ADDRESS: 603 E Alton Ave Suite H  
CITY: Santa Ana CA, 92705 STATE: CA ZIP CODE: 92705 AREA CODE/PHONE: 714-540-2295  
OPTIONAL: FAX/E-MAIL ADDRESS:

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	BALLOT NO/LETTER	JURISDICTION	CHECK ONE
Tom King	Mayor Walnut			SUPPORT X OPOSE
NAME OF BALLOT MEASURE				SUPPORT OPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/11/2010	The Monaco Group 14352 Franklin Ave #B Tustin, CA 92780	POS	375.00	4,723.32
03/12/2010	The Monaco Group 14352 Franklin Ave #B Tustin, CA 92780	LIT	817.53	4,723.32
03/15/2010	The Monaco Group 14352 Franklin Ave #B Tustin, CA 92780	LIT	3,270.13	4,723.32

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SEE INSTRUCTIONS ON REVERSE  
For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

## IV Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/16/2010	Media Link 2085 S Atlantic Blvd STE I Monterey Park, CA 91754	CMP	137.19	4,723.32
03/16/2010	Media Link 2085 S Atlantic Blvd STE I Monterey Park, CA 91754	CMP	123.47	4,723.32

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NAME OF FILER  
Keeping Walnut Together

SUPPLEMENTAL INDEPENDENT EXPENDITURE <b>CALIFORNIA FORM 465</b>	
Report covers period from 01/01/2010 through 03/27/2010	Page 3 of 3 I.D. NUMBER (if recipient com.) 1324635

## 4. Summary

- Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ 4,723.32
- Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ 0.00
- Total independent expenditures made this period (Add Lines 1 + 2.) ..... **TOTAL \$ 4,723.32**

## 5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER _____ ADDRESS _____ (NO. AND STREET) CITY _____ STATE _____ ZIP CODE _____	3) NAME OF FILING OFFICER _____ ADDRESS _____ (NO. AND STREET) CITY _____ STATE _____ ZIP CODE _____
2) NAME OF FILING OFFICER _____ ADDRESS _____ (NO. AND STREET) CITY _____ STATE _____ ZIP CODE _____	4) NAME OF FILING OFFICER _____ ADDRESS _____ (NO. AND STREET) CITY _____ STATE _____ ZIP CODE _____

## 6. Verification

I have used all reasonable diligence in preparing and reviewing 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 4/1/10 DATE \_\_\_\_\_ By [Signature] SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ DATE \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ DATE \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ DATE \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT