

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

Date Stamp

Page 1 of 3

For Official Use Only

Report covers period from 01/01/2010 through 03/27/2010

Date of election if applicable: (Month, Day, Year)

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RECEIVED

CITY OF WALNUT
CITY CLERKS OFFICE

1. Committee/Filer Information

COMMITTEE/FILERS NAME

Keeping Walnut Together

ID NUMBER (If recipient committee)
1324635

Treasurer (If recipient committee)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

603 E Alton Ave Suite H

STREET ADDRESS (NO P.O. BOX)
385 S Lemon St #B226

CITY STATE ZIP CODE AREA CODE/PHONE

Walnut CA, 91789 714-540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Ana CA, 92705 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	CHECK ONE
Howard Wang	City Council Member City of Walnut	SUPPORT <input type="checkbox"/> OPPOSE <input checked="" type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO/LETTER	JURISDICTION

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	9,166.00
03/12/2010	The Monaco Group 14352 Franklin Ave #B Tustin, CA 92780	LIT	817.53	9,166.00
03/16/2010	Media Link 2085 S Atlantic Blvd STE I Monterey Park, CA 91754	CMP	123.47	9,166.00

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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.

Report covers period from <u>01/01/2010</u> through <u>03/27/2010</u>	Date Stamp	Page <u>2</u> of <u>3</u> For Official Use Only
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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)
03/04/2010	Time Warner Cable Media Sales File 57532 Los Angeles, CA 90074-7532	TELE	5,000.00	9,166.00
03/09/2010	Force Ten Video & Post 474 Canyon Acres Dr STE B Laguna Beach, CA 92651	TELE	2,850.00	9,166.00

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CALIFORNIA FORM 465

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I.D. NUMBER (if recipient com.)
1324635

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NAME OF FILER
Keeping Walnut Together

4. Summary

- Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 9,166.00
- Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0.00
- Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL \$ 9,166.00**

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 OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT