

# 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.

Amendment (Explain Below)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Date Stamp

**RECEIVED**

10 APR 5 P 3 13

CITY OF WALNUT  
CITY CLERKS OFFICE

CALIFORNIA FORM **465**

Page 1 of 2

For Official Use Only

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

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

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME  
Keeping Walnut Together

I.D. NUMBER (If recipient committee)  
1324635

Treasurer (If recipient committee)  
Lysa Ray

NAME OF TREASURER

MAILING ADDRESS  
603 E Alton Ave Suite H

CITY STATE ZIP CODE AREA CODE/PHONE  
Walnut CA, 91789 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
Mary Su	City Council Member Walnut	SUPPORT X OPPOSE
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	1,316.00
03/12/2010	The Monaco Group 14352 Franklin Ave #B Tustin, CA 92780	LIT	817.53	1,316.00
03/16/2010	Media Link 2085 S Atlantic Blvd STE I Monterey Park, CA 91754	CMP	123.47	1,316.00

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Page 2 of 2	

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Keeping Walnut Together

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

## 4. Summary

- 1. Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ 1,316.00
- 2. Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ 0.00
- 3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... **TOTAL** \$ 1,316.00

## 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	3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)	ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
2) NAME OF FILING OFFICER	4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)	ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE	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	By
DATE	SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent