

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

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 #E226
CITY Walnut CA, 91789 STATE CA ZIP CODE 91789 AREA CODE/PHONE 714-540-2295
OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (if recipient committee)
NAME OF TREASURER Lysa 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
Brigid Bjerke
NAME OF BALLOT MEASURE

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CHECK ONE	
				SUPPORT	OPPOSE
03/11/2010	The Monaco Group 14352 Franklin Ave #B Tustin, CA 92780	POS	375.00		X
03/12/2010	The Monaco Group 14352 Franklin Ave #B Tustin, CA 92780	LIT	817.53		
03/16/2010	Media Link 2085 S Atlantic Blvd STE I Monterey Park, CA 91754	CMP	123.47		

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

Supplemental Independent Expenditure Report

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Keeping Walnut Together

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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

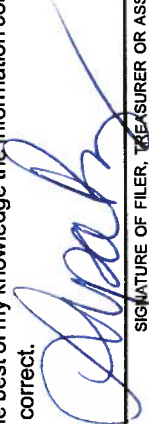
5. Filing Officers

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 <u>4/1/10</u> DATE	By  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