

**Recipient Committee
Campaign Statement
Cover Page**

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CITY OF WALNUT
CITY CLERKS OFFICE

Page 1 of 8
For Official Use Only

Statement covers period
from 1-1-2020
through 9/19/2020

Date of election if applicable:
(Month, Day, Year)
11-3-2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
 - (Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
 - (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
 - (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Amendment to correct typo on page 3.

3. Committee Information

I.D. NUMBER
1427531

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Linda Freedman for Walnut City Council 2020

STREET ADDRESS (NO P.O. BOX)
19331 Empty Saddle Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Walnut</u>	<u>CA</u>	<u>91789</u>	<u>909-702-0665</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
16621 Fruit Circle

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Walnut</u>	<u>CA</u>	<u>91789</u>	<u>909-702-0665</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Cheryl Slaton

MAILING ADDRESS
16621 Fruit Circle

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Riverside</u>	<u>CA</u>	<u>92503</u>	<u>909-913-7801</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

cherylslaton@verizon.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 11-12-2020
Date

Executed on 11-12-2020
Date

Executed on _____
Date

Executed on _____
Date

By Cheryl Slaton
Signature of Treasurer or Assistant Treasurer

By Linda Freedman
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/1/2020</u>	CALIFORNIA FORM 460
through <u>9/19/2020</u>	
Page <u>3</u> of <u>25</u>	I.D. NUMBER <u>1427531</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Linda Freedman

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 14516.00	\$ 14516.00
2. Loans Received..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 14516.00	\$ 14516.00
4. Nonmonetary Contributions..... Schedule C, Line 3	490.00	490.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 15006.00	\$ 15006.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 5406.74	\$ 5406.74
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 5406.74	\$ 5406.74
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	490.00	490.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 5896.74	\$ 5896.74

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts..... Column A, Line 3 above	14516.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	5406.74
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 9109.26

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0.00

*Amounts in this section may be different from amounts reported in Column B.