Ca	mpaign Statement –					Date Stamp	CALIFORNIA 470	
Short Form		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		RECEIVED	For Official Use Only	
		NA				2023 JUL 31 A 9	21	
1.	Statement Covers Calendar Year 20 23					OTY OLERKS OFFICE	F.	
2.	Officeholder or Candidate Information			3.	Office Sought or I	Held		
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD			-
	Linda Freedman				City Council Membe	er		
	STREET ADDRESS			_	JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	-
					City of Walnut		(II AI I BOADEE)	
	CITY	STATE	ZIP CODE					
	Walnut	CA	91789					
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: F	AX / E-MAIL ADDRESS					
•	909-702-0665							
4.	Committee Information							
	List all committees of which you have knowledge that are primarily formed to receive co				ontributions or to make expenditures on behalf of your candidacy.			
	COMMITTEE NAME AND I.D. NUMBER				EE ADDRESS	NAME OF TREASURER		
	No committee open at present. Prior committee closed.							_
— 5.	Verification							-
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I co	knowledge I a ertify under pe	nticipate that I will nalty of perjury und	receive less the der the laws o	nan \$2,000 and that I will if the State of California th	I spend less than \$2,000 during the that the toregoing is true and correct	e calendar year and that I have use ct.	C
	July 31, 2023 Executed on				By Judas	SIGNATURE OF OFFICEHOLDER OR CAND	MATE	
	DATE				\smile	SIGNATURE OF OFFICE HOLDER OR OARD		