

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Law for Walnut City Council 2024			Date of This Filing 8/15/2024	Date Stamp RECEIVED 2024 AUG 15 P 12:53 CITY OF WALNUT CITY CLERKS OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 6265981680	I.D. NUMBER (if applicable) 1471956		Report No. 1		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Walnut	STATE CA	ZIP CODE 91789	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
7/31/2024	Janel Law, [REDACTED], Walnut, CA 91789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caretaker	\$525.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/13/2024	Janel Law, [REDACTED], Walnut, CA 91789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caretaker	\$474.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/15/2024	Janel Law, [REDACTED], Walnut, CA 91789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caretaker	\$1.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee