

**Recipient Committee
Campaign Statement
Cover Page**

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CITY OF WALNUT
CITY CLERKS OFFICE

Page 1 of 6
For Official Use Only

Statement covers period
from 9/22/2024
through 10/19/24

Date of election if applicable:
(Month, Day, Year)
11/5/2024

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

3. Committee Information

I.D. NUMBER
1472974

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Agnes P. Gonzalez for Walnut City Council 2024

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Walnut</u>	<u>CA</u>	<u>91789</u>	<u>909-753-5737</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
382 N. Lemon Ave. #395

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Walnut</u>	<u>Ca</u>		

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Joaquin A. Gonzalez

MAILING ADDRESS
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Walnut</u>	<u>CA</u>	<u>91789</u>	<u>626-964-4863</u>

NAME OF ASSISTANT TREASURER, IF ANY
N/A

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

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 10/23/2024
Date

Executed on 10/23/2024
Date

Executed on _____
Date

Executed on _____
Date

By Joaquin A. Gonzalez
Signature of Treasurer or Assistant Treasurer

By _____
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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Agnes P. Gonzalez for Walnut City Council 2024

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Walnut City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 [REDACTED] Walnut CA 91789

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/22/2024</u>	CALIFORNIA FORM 460
through <u>10/19/2024</u>	
Page <u>3</u> of <u>6</u>	
I.D. NUMBER 1472974	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Agnes P. Gonzalez

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>788⁰⁰</u>	\$ <u>4575⁰⁰</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>788⁰⁰</u>	\$ <u>4575⁰⁰</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>220⁰⁰</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>788⁰⁰</u>	\$ <u>4795⁰⁰</u>

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	\$ <u>.00</u>	\$ <u>4795⁰⁰</u>
21. Expenditures Made	\$ <u>.00</u>	\$ <u>10279⁰⁹</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>5758⁰⁹</u>	\$ <u>10279⁰⁹</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>5758⁰⁹</u>	\$ <u>10279⁰⁹</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>5758⁰⁹</u>	\$ <u>10279⁰⁹</u>

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
11 / 05 / 2024	\$ <u> </u>
/ /	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>(734⁰⁰)</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>4575⁰⁰</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>3841⁰⁰</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>10279⁰⁹</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>(6438⁰⁹)</u>

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).

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse \$

19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above \$

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 9/22/2024
through 10/19/2024

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Agnes P. Gonzalez

I.D. NUMBER

1472974

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2024	Chow Entertainment International [REDACTED] Glendale, CA 91203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lissa Pacheco Chow CEO Same business address	\$200.00		
10/13/2024	Robert M. Alba Insurance Agency [REDACTED] Woodland Hills, CA 91364	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert M. Alba Insurance Agnet Same Business Address	\$100.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 300.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 300.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 488.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 788.00

*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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 9/22/2024
through 10/19/2024

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1472974

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Agnes P. Gonzalez

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wing Chu [REDACTED] La Puente, CA 91744	CMP	25 Yard signs	\$328.50
Luisa Williams [REDACTED] Walnut, CA 91789	LIT	Mailer Design Campaign Literature and mailings	\$200.00
Next Day Flyers [REDACTED] Los Angeles, CA 90025	LIT	EDDM Mailers 7000 Colored Copies	\$2492.55

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 3021.05

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 5140.56
2. Unitemized payments made this period of under \$100.....	\$ 617.53
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 5758.09

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>9/22/2024</u> through <u>10/19/2024</u>	CALIFORNIA FORM 460
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Agnes P. Gonzalez

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Next Day Flyers [REDACTED] Los Angeles, CA 90025	LIT	Campaign Literature and Mailings 1000 Colored copies	\$306.98
U. S Post Office [REDACTED] Walnut, CA 91789	POS	EDDM Mailer > 9 routes Routes 10,15,19,20,21,22,23,27,28	\$1050.55
U. S Post Office [REDACTED] Walnut, CA 91789	POS	EDDM Mailer > 4 Routes Routes 1,7,30,34	\$504.20
U. S Post Office [REDACTED] Walnut, CA 91789	POS	EDDM Mailer > 1 Route Route 33	\$140.04
U. S. Post Office [REDACTED] Walnut, CA 91789	POS	EDDM Mailer > 1 Route Route 24	\$117.74

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2119.51