Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from   2/1/2021
through 4/30/2021

Date of election if applicable:
(Month, Day, Year)
3/3/20

1. Type of Recipient Committee:
☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 5)

2. Type of Statement:
☐ Prelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information
I.D. NUMBER
1371722

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Terry for City Council 2020

NAME OF TREASURER
R. R Essel

MAILING ADDRESS: (IF DIFFERENT) NO, AND STREET OR P.O. BOX

LA CANADA FLINTRIDGE CA 91011

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

LA CANADA FLINTRIDGE CA 91011

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 3/3/20

By

Date

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

TERESA MURPHY WALKER

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

CITY COUNCIL OF LA CANADA FLINTRIDGE

AND STREET) CITY STATE ZIP

TERRA CANADA FLINTRIDGE CA 91011

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?

YES 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

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

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

☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

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☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

Attachment continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td>$</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$</td>
</tr>
<tr>
<td>6. Payments Made</td>
<td>$</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEGINNING CASH BALANCE</td>
<td>$</td>
</tr>
<tr>
<td>CASH RECEIPTS</td>
<td>$</td>
</tr>
<tr>
<td>MISCELLANEOUS INCREASES TO CASH</td>
<td>$</td>
</tr>
<tr>
<td>CASH PAYMENTS</td>
<td>$</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUMULATIVE EXPENDITURES MADE*</td>
<td>$</td>
</tr>
</tbody>
</table>

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

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).
### Schedule E
#### Payments Made

**NAME OF FILER**
Terry Walker For City Council 2020

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

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

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**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>Payee</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA Canada Kiwanis Endowment LCF CA 91011</td>
<td>CVC</td>
<td>Contribution</td>
<td>$1000.00</td>
</tr>
<tr>
<td>LA Canada Sister Cities Assoc. LCF CA 91011</td>
<td>CVC</td>
<td>Contribution</td>
<td>$300.00</td>
</tr>
<tr>
<td>LA Canada Trails Council LCF CA 91011</td>
<td>CVC</td>
<td>Contribution</td>
<td>$125.00</td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $1810.00
2. Unitemized payments made this period of under $100. ....... $ 2
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................................ $ 2
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........... $ 1812.00

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**SUBTOTAL:** $1812.00

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**FPPC Form 460 (Jan/2016))**

**FPPC Advice:** advice@fppc.ca.gov (866/727-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>
| Community Center of La Canada Flint  
LCF DA 91011                | CVC  | Contribution           | 100         |
| LCF Chamber of Commerce  
LCF DA 91011                | CVC  | Contribution           | 75          |
| Community Scholarship Fund  
LCF DA 91011                | CVC  | Contribution           | 100         |
| Community Scholarship Fund  
LCF DA 91011                | CVC  | Contribution           | 100         |
| Kiwanis Club of La Canada  
LCF DA 91011                | CVC  | Contribution           | 10          |

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