

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp  <i>Rcvd 10/23/18 Shen</i>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>8</u>  For Official Use Only

Statement covers period from <u>9/23/2018</u>  through <u>10/20/2018</u>	Date of election if applicable: (Month, Day, Year)  <u>11/6/2018</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
1410457

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

Dennis Fay for Orinda City Council

STREET ADDRESS (NO P.O. BOX)

6 Jack Tree Knoll

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>510-813-0155</u>

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

117 Overhill Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>510-589-6206</u>

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Robert W. Burt

MAILING ADDRESS

117 Overhill Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>510-589-6206</u>

NAME OF ASSISTANT TREASURER, IF ANY

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 10/22/2018  
Date

Executed on 10/20/2018  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By *Robert W. Burt*  
Signature of Treasurer or Assistant Treasurer

By *Dennis Fay*  
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  
Dennis Fay

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
6 Jack Tree Knoll Orinda CA 94563

**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>9/23/2018</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/20/2018</u>	
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1410457</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Fay for Orinda City Council

## 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>3214.00</u>	\$ <u>5936.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>1300.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>3214.00</u>	\$ <u>7236.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>3214.00</u>	\$ <u>7236.00</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	\$ _____	\$ _____
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	\$ <u>848.46</u>	\$ <u>1897.28</u>
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>848.46</u>	\$ <u>1897.28</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>2782.94</u>	\$ <u>3094.99</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>3631.40</u>	\$ <u>4992.27</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
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>2973.18</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>3214.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	\$ <u>848.46</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5338.72</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	\$ _____
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>4394.99</u>

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 9/23/2018  
through 10/20/2018

**CALIFORNIA FORM 460**

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Fay for Orinda City Council

I.D. NUMBER

1410457

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)
Various	See schedule	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2250.00	4600.00	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$</b>	<b>2250.00</b>	

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	2250.00
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	964.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$</b>	<b>3214.00</b>

\*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 B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Fay for Orinda City Council

I.D. NUMBER

1410457

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dennis Fay 6 Jack Tree Knoll Orinda CA 94563  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>1300.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>1300.00</u>  <u>11/30/18</u> DATE DUE	<u>0</u> % RATE  \$ <u>0.00</u>	\$ <u>1300.00</u>  <u>9/4/18</u> DATE INCURRED	CALENDAR YEAR \$ <u>1300.00</u> PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE  \$ _____	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE  \$ _____	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>		\$	\$ <u>0.00</u>	\$	\$ <u>1300.00</u>	\$	\$ <u>0.00</u>	

## Schedule B Summary

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** \$ 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	9/23/2018	
through	10/20/2018	Page <u>6</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
Dennis Fay for Orinda City Council		1410457

SEE INSTRUCTIONS ON REVERSE

**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
See schedule				848.46

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

**SUBTOTAL \$ 848.46**

**Schedule E Summary**

- |   |                 |               |
|---|-----------------|---------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$              | 848.46        |
| 2. Unitemized payments made this period of under \$100.....   | \$              |               |
| 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.)..... | <b>TOTAL \$</b> | <b>848.46</b> |

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>8</u>
	I.D. NUMBER 1410457

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Fay for Orinda City Council

**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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
See schedule		312.05	3631.40	848.46	3094.99

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

**SUBTOTALS \$ 312.05 \$ 3631.40 \$ 848.46 \$ 3094.99**

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$ 3631.40**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$ 848.46**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$ 2782.94**  
May be a negative number

Dennis Fay for Orinda City Council 2018 (FPPC# 1410457)

Form 460 Details  
9/23/2018 to 10/20/2018

First Name	Last Name	Address	City	CA	Zip	Employer	Occupation	Amounts	Cuml	Code
<i>Monetary Contributions (Schedule A)</i>										
Richard	Thompson	18 Normandy Lane	Orinda	CA	94563	Retired		\$300.00	\$300.00	IND
Paul	Maxwell	105 Burns Court	Pleasant Hill	CA	94523	Retired		100.00	100.00	IND
Helen	Hasselman	631 Watchwood Road	Orinda	CA	94563	Retired		100.00	100.00	IND
D.J.	Smith	10 Pascale Ct.	Napa	CA	94558	Retired		250.00	250.00	IND
Priyanshi	Singh	325 Kent Ave. #353	Brooklyn	NY	11249	Microsoft	Data Scientist	100.00	100.00	IND
Ina	Lessem	3863 Sherwood Place	Sherman	CA	91423	Retired		100.00	100.00	IND
Eric	Zell	125 Park Place	Point	CA	94801	Zell & Associates	Consultant	100.00	100.00	IND
Jim	Spering	501 Kings Way	Suisun City	CA	94585	Solano County	Supervisor	100.00	100.00	IND
Darlene	Gee	25 Daryl Drive	Orinda	CA	94563	HNTB	Engineer	250.00	250.00	IND
Thomas	Blalock	42666 Sully Street	Fremont	CA	94539	BART	Elected Director	250.00	250.00	IND
Victoria	Smith	320 Village Square	Orinda	CA	94563	Law Office of V R Smith	Attorney	100.00	100.00	IND
Richard	Westin	25 avenida de orinda	Orinda	CA	94563	Agemark Corp	CEO	250.00	250.00	IND
William	Hadaya	11033 Eastbrook Ave.	Los Altos	CA	94024	WMH Corporation	Engineer	250.00	250.00	IND

**\$ 2,250.00**

*Payments Made (Schedule E)*

	Credit card charges							\$ 45.85		n/a
1006	Orinda News ad, 10/1 issue (w/design)	P.O. Box 97	Orinda	CA	94563			741.00		PRT
1007	Reimbursement: Dennis Fay (Banner)	6 Jack Tree Knoll	Orinda	CA	94563			45.61		CMP
1011	Robert Burt, reimb for P.O. Box rental	117 Overhill Road	Orinda	CA	94563			16.00		POS

**\$ 848.46**

*Accrued Expenses (Schedule F)*

						as of 9/22	incurred 9/23-10/20	paid 9/23-10/20	as of 10/20	
	Credit card charges						45.85	45.85		
1004/1007	Reimbursement: Dennis Fay (Banner)	6 Jack Tree Knoll	Orinda	CA	94563	45.61		45.61		CMP
1005	PDQ Printing for post cards	724 Marina Vista	Martinez	CA	94553	266.44			266.44	CMP
1006	Orinda News ad, 10/1 issue (w/design)	P.O. Box 97	Orinda	CA	94563		741.00	741.00		PRT
1008	PDQ Printing for mailer	724 Marina Vista	Martinez	CA	94553		2778.55		2,778.55	CMP
1009	VOIDED CHECK									
1010	Voter Data File	555 Escobar St.	Martinez	CA	94553		50.00		50.00	
1011	Robert Burt, reimb for P.O. Box rental	117 Overhill Road	Orinda	CA	94563		16.00	16.00		POS
						<b>312.05</b>	<b>3631.40</b>	<b>848.46</b>	<b>3,094.99</b>	
net increase:							<b>\$2,782.94</b>			