

Recipient Committee Campaign Statement Cover Page

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 ORINDA CITY CLERK

CALIFORNIA FORM **460**
 Page 1 of 7
 For Official Use Only

Statement covers period
 from 7/1/2020
 through 9/19/2020

Date of election if applicable:
 (Month, Day, Year)
11/3/2020

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
1343654

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

Safer Orinda Yes on Measure R 2020
(formerly Fix Orinda Roads Now!)* *per filed Form 410

STREET ADDRESS (NO P.O. BOX)

117 Overhill Road

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

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

117 Overhill Road

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Robert Burt

MAILING ADDRESS

117 Overhill Road

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

NAME OF ASSISTANT TREASURER, IF ANY

Sue Severson

MAILING ADDRESS

67 Martha Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Orinda	CA	94563	925-255-7570

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 9/24/2020
Date

Executed on 9/24/2020
Date

Executed on _____
Date

Executed on _____
Date

By *Robert Burt*
Signature of Treasurer or Assistant Treasurer

By *Sue Severson*
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 _____

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP _____

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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 _____

Measure R Essential Services

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Measure R Essential Services	City of Orinda	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

Sue Severeson

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/2020</u>	CALIFORNIA FORM 460
through <u>9/19/2020</u>	
Page <u>3</u> of <u>7</u>	
I.D. NUMBER 1343654	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Safer Orinda Yes on Measure R 2020 (formerly Fix Orinda Roads Now!)* *per filed Form 410

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 14,384.99	\$ 14,384.99
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 14,384.99	\$ 14,384.99
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4	\$ 14,384.99	\$ 14,384.99

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

6. Payments Made..... Schedule E, Line 4	\$ 2,241.08	\$ 2,291.08
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2,241.08	\$ 2,291.08
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE.....Add Lines 8 + 9 + 10	\$ 2,241.08	\$ 2,291.08

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	\$ 11,738.01
13. Cash Receipts..... Column A, Line 3 above	14,384.99
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	2,241.08
16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15	\$ 23,881.92

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.

If this is a termination statement, Line 16 must be zero.

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 7/1/2020
through 9/19/2020

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Safer Orinda Yes on Measure R 2020 (formerly Fix Orinda Roads Now!)* *per filed Form 410

I.D. NUMBER
1343654

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	See schedule attached.	<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 14,175.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,175.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 209.99
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 14,384.99

*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.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	7/1/2020	
through	9/19/2020	Page 5 of 7
I.D. NUMBER		1343654

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Safer Orinda Yes on Measure R 2020 (formerly Fix Orinda Roads Now!)* *per filed Form 410

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 attached.			

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

SUBTOTAL \$ 2,241.08

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 2,241.08
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.).....	TOTAL \$ 2,241.08

Safer Orinda Yes on R 2020 (FPPC# 1343654)

Form 460 Details

7/1/2020 to 9/19/2020

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First Name	Last Name	Address	City	CA	Zip	Occupation	Employer	Amounts	Cuml	Code
Robert Lee	Burt Sorenson	117 Overhill Road	Orinda	CA	94563	Retired	None	\$ 980.00	1,000.00	IND
Victoria	Smith	23 Estabueno	Orinda	CA	94563	Doctor	Self	100.00	100.00	IND
Sandy	Barnett	69 Camino Del Diablo	Orinda	CA	94563	Attorney	Law Office of V R Smith	250.00	250.00	IND
Thomas	Trowbridge	7 Kittiwake Rd	Orinda	CA	94563	Bookkeeper	Orinda Books	50.00	50.00	IND
Dennis	Fay	17 Paintbrush Lane	Orinda	CA	94563	Retired	None	100.00	100.00	IND
Charles	Heath	6 Jack Tree Knoll	Orinda	CA	94563	Retired	None	500.00	500.00	IND
		5 Sunrise Hill Road	Orinda	CA	94563	Partner	Terris Barnes Walters Boigon Heath Lester Inc	500.00	500.00	IND
Gayle & Steve	Goldman	19 Woodland Rd.	Orinda	CA	94563	Retired	N/A	100.00	100.00	IND
Richard	Westin	5 El Patio	Orinda	CA	94563	CEO	Agemark Senior Living	100.00	100.00	IND
Jason	Kaune	403 Camino Sobrante	Orinda	CA	94563	Attorney	Nielsen Merksamer	250.00	250.00	IND
William	Hurrell	3 Oakview Terrace	Orinda	CA	94563	Civil Engineer	CDM Smith Inc.	100.00	100.00	IND
Sue	Severson	67 Martha Road	Orinda	CA	94563	Retired	N/A	995.00	995.00	IND
Robert	Formanek	262 Sundown Terrace	Orinda	CA	94563	Retired	N/A	100.00	100.00	IND
Jud & Judy	Hammon	39 California Ave.	Orinda	CA	94563	Retired	N/A	250.00	250.00	IND
David	Bonneville	62 Orchard Road	Orinda	CA	94563	Retired	N/A	100.00	100.00	IND
Brad	Barber	102 Scenic Drive	Orinda	CA	94563	Retired	Attorney	100.00	100.00	IND
Melanie	Light	55 Via Farallon	Orinda	CA	94563	Fine Art Appraiser	Fine Art Appraiser	100.00	100.00	IND
Dave and Sandy	Anderson	281 Courtney Lane	Orinda	CA	94563	Retired	Retired	1,000.00	1,000.00	IND
							Agemark Senior Living Corp			
Richard	Westin	5 El Patio	Orinda	CA	94563	CEO	Corp	1,000.00	1,100.00	IND
Steve	Harwood	93 Van Ripper Lane	Orinda	CA	94563	Retired	N/A	500.00	500.00	IND
Peter	Dinkelspiel	29 Tarry Lane	Orinda	CA	94563	Retired	N/A	100.00	100.00	IND
Darlene	Gee	25 Daryl Drive	Orinda	CA	94563	Civil engineer	HNTB Corporation	250.00	250.00	IND
Citizens for a Better California (PAC sponsored by Senator Glazer (FPPC#1404127))		21C Orinda Way #111	Orinda	CA	94563			1,000.00	1,000.00	PAC
Amy	Worth	304 La Espiral	Orinda	CA	94563	Vice Mayor	Orinda	250.00	250.00	IND
Shannon	Fuller	502 Miner Rd.	Orinda	CA	94563	Community Vol.	N/A	250.00	250.00	IND
Linda and Jim	Landau	218 Hall Drive	Orinda	CA	94563	Retired	N/A	250.00	250.00	IND
Aliza	Metzner	63 Martha Road	Orinda	CA	94563	Retired	None	150.00	150.00	IND
Bruce and Lisa	Burrows	6 S Point Road	Orinda	CA	94563	Real Estate	Self Employed	100.00	100.00	IND
William	Judge	109 Diablo View	Orinda	CA	94563	Retired	N/A	100.00	100.00	IND
Cara	Hoxie	16 Vida Descansada	Orinda	CA	94563	Attorney	Self employed	250.00	250.00	IND
Brian	Rogers	24 Brookside Road	Orinda	CA	94563	CEO	Rogers Family Fdn.	500.00	500.00	IND
Sharon	Simpson	520 Miner Road	Orinda	CA	94563	Retired	N/A	2,500.00	2,500.00	IND
Janet	Pease	48 Donald Drive	Orinda	CA	94563	Retired	N/A	500.00	500.00	IND
Lynn	Garrett	128 Catherine Court	Orinda	CA	94563	None	None	100.00	100.00	IND
Mary	Del Santo	4 Wood Acres CT	Orinda	CA	94563	Retired	N/A	100.00	100.00	IND
William	Gerber	69 Van Ripper Lane	Orinda	CA	94563	Consultant	Self Employed	250.00	250.00	IND
Carol	Brown	36 Claremont Ave.	Orinda	CA	94563	Retired	N/A	250.00	250.00	IND
Julie	Landres	92 Orchard Rd.	Orinda	CA	94563	Caterer	Self	100.00	100.00	IND

Itemized Contributions 14,175.00

787

Payments Made

	Political Data Incorporated	Web/credit card charges	191.15
	PO Box 59570, Norwalk, CA 90652		
1076	Sue Severson	Reimbursement for yard signs	1,353.93
	67 Martha Road, Orinda CA 94563		
1077	Orinda Association	10/1 Orinda News Ad	696.00
	P.O. Box 97, Orinda CA 94563		
		Total Payments Made	<u>2,241.08</u>