

# Recipient Committee Campaign Statement Cover Page

Date Stamp	<b>RECEIVED</b>  OCT 20 2020 <i>Sherr</i> ORINDA CITY CLERK	<b>CALIFORNIA FORM 460</b>
		Page <u>1</u> of <u>7</u> For Official Use Only

Statement covers period  
 from 9/20/2020  
 through 10/17/2020

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.

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

**3. Committee Information**

I.D. NUMBER  
142811

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

Darlene Gee for Council 2020

STREET ADDRESS (NO P.O. BOX)

25 Daryl Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Orinda CA 94563 925-253-0538

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Robert W. Burt

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Orinda CA 94563 510-589-6206

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 10/19/2020  
Date

Executed on 10/19/2020  
Date

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

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

By \_\_\_\_\_  
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

Darlene Gee

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

Orinda City Council

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

25 Daryl Drive 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
----------------------	--------------	---

**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	<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>9/20/2020</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/17/2020</u>	
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>142811</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Darlene Gee for Council 2020

**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>5380.00</u>	\$ <u>11785.00</u>
2. Loans Received..... Schedule B, Line 3	-	<u>3168.17</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>5380.00</u>	\$ <u>14953.17</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	-	-
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>5380.00</u>	\$ <u>14953.17</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>90.98</u>	\$ <u>2836.50</u>
7. Loans Made..... Schedule H, Line 3	-	-
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>90.98</u>	\$ <u>2836.50</u>
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	\$ <u>90.98</u>	\$ <u>2836.50</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>6827.65</u>
13. Cash Receipts..... Column A, Line 3 above	<u>5380.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	-
15. Cash Payments..... Column A, Line 8 above	- <u>90.98</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>12116.67</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.

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ -
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 9/20/2020  
through 10/17/2020

**CALIFORNIA FORM 460**

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Darlene Gee for Council 2020**

I.D. NUMBER  
**142811**

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 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 \$**

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 5230.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 150.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 5380.00

\*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 B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from <u>9/20/2020</u>  through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Darlene Gee for Council 2020

I.D. NUMBER

142811

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
Darlene Gee 25 Daryl Drive Orinda CA 94563  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer HTNB Corporation	\$ 3168.17	\$ -	<input type="checkbox"/> PAID \$ - <input type="checkbox"/> FORGIVEN \$ -	\$ 3168.17  1/1/2021 DATE DUE	0 % RATE \$ -	\$ 3168.17  6/26-9/19 DATE INCURRED	CALENDAR YEAR \$ 3168.17 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>		\$ -	\$ -	\$ -	\$ 3168.17	\$ --		

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

## Schedule B Summary

- Loans received this period ..... \$ -  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ -  
(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 \$ -**  
Enter the net here and on the Summary Page, Column A, Line 2.

†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

(May be a negative number)

\*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 from <u>9/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>7</u>
	I.D. NUMBER <b>142811</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Darlene Gee for 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.	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
Square Space 225 Verick St., NY 10014		Website donation processing charges	90.98

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

**SUBTOTAL \$ 90.98**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	90.98
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>90.98</b>

**Darlene Gee for Council 2020 (FPPC# 1428111)**

Form 460 Details  
9/20/2020 to 10/17/2020

<u>Name</u>	<u>Occupation</u>	<u>Employer</u>	<u>Address</u>	<u>Amount</u>	<u>Cuml</u>	<u>Code</u>
<i>Itemized Contributions</i>						
Melba & Dennis Gee	Retired	n/a	979 Lawrence Lane, Palo Alto, CA 94803	350.00	350.00	IND
Dina Potter	Engineer	HNTB	1614 Lower Grand Avenue, Piedmont, CA, 94611	250.00	250.00	IND
Michael Brown	Househusband	Self	93 La Espiral, Orinda, CA, 94563	100.00	100.00	IND
California Real Estate Political Action Committee # 890106			515 Figueroa St. Ste. 1110, Los Angeles CA	2,000.00	2,000.00	COM
Alan Arkatov	Professor	USC	10461 Troon Ave, Los Angeles, CA, 90064	250.00	250.00	IND
Ernesto Avila	Civil Engineer	Avila and Associates	712 Bancroft Road, #333, WALNUT CREEK, CA, 94598	250.00	250.00	IND
Robert Fisher	Retired	Retired	65 Southwood Dr, Orinda, CA 94563	100.00	100.00	IND
Esmond Chan	Structural Engineer	JMEC Engineering Inc.	3905 Arbolado Drive, Walnut Creek, CA, 94598	100.00	100.00	IND
Nick Kosla	Real Estate	Toll Brothers	11 Bobolink Road, Orinda, CA, 94563	300.00	300.00	IND
Ben Tripousis	Planner	HNTB	460 N. 19th Street, San Jose, CA, 95112	100.00	100.00	IND
Eric Zell	Consultant	Self	125 Park Place, Suite 200, Richmond, CA, 94801	100.00	100.00	IND
Peter Gertler	Consultant	HNTB	1111 Broadway, 9th Floor, Oakland, CA, 94607	100.00	100.00	IND
Wendy Mitchell	Consultant	Self	14348 Hortense Street, Sherman Oaks, CA, 91423	100.00	100.00	IND
Joshua Englander	GR Director	HNTB	15220 Valleyheart Drive, Sherman Oaks, CA, 91403	180.00	180.00	IND
Lara Maxey	Consultant	Self	1221 Brunswick Ave, South Pasadena, CA, 91030	250.00	250.00	IND
Stan Feinsod	Consultant	Passenger Rail Consultant	300 Third Street #601, San Francisco, CA, 94107	100.00	100.00	IND
Alex Evans	Program Manager	HNTB	35 Acacia Dr., Orinda, CA, 94563	250.00	250.00	IND
Robert Watson	Engineer	HNTB	277 San Marin Drive, Novato, CA, 94945	100.00	100.00	IND
Joseph Deery	Engineer	Jacobs	318 Spear Street #8A, San Francisco, CA, 94105	250.00	250.00	IND
Itemized Contributions				<u>5,230.00</u>	<u>5,230.00</u>	