

# Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM **460**

Page 1 of 8

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

Date Stamp

RECEIVED  
SEP 24 2020  
ORINDA CITY CLERK

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

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

117 Overhill Road

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

geefororinda@gmail.com

### 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

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 9/23/2020  
Date

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

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

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

By Robert Burt  
Signature of Treasurer or Assistant Treasurer

By Darlene Gee  
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
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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)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**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
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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>	<b>CALIFORNIA FORM 460</b>
through <u>9/19/2020</u>	
Page <u>3</u> of <u>8</u>	
I.D. NUMBER 1428111	

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..... <i>Schedule A, Line 3</i>	\$ 6,405.00	\$ 6,405.00
2. Loans Received..... <i>Schedule B, Line 3</i>	3,168.17	3,168.17
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ 9,573.17	\$ 9,573.17
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ 9,573.17	\$ 9,573.17

## 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..... <i>Schedule E, Line 4</i>	\$ 2,745.52	\$ 2,745.52
7. Loans Made..... <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ 2,745.52	\$ 2,745.52
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	0.00	0.00
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	0.00	0.00
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ 2,745.52	\$ 2,745.52

## 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..... <i>Previous Summary Page, Line 16</i>	\$ 0.00
13. Cash Receipts..... <i>Column A, Line 3 above</i>	9,573.17
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	0.00
15. Cash Payments..... <i>Column A, Line 8 above</i>	2,745.52
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 6,827.65

*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..... <i>Schedule B, Part 2</i>	\$ 0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ 0.00

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Darlene Gee for Council 2020	I.D. NUMBER 1428111
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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				
<b>SUBTOTAL \$ 6,400.00</b>						

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 6,400.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 5.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 6,405.00

\*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>7/1/2020</u>  through <u>9/19/2020</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>8</u>	I.D. NUMBER  1428111

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
  
Darlene Gee for Council 2020

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	\$ 0.00	\$ 3,168.17	<input type="checkbox"/> PAID \$ 0.00  <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,168.17  1/1/2021 DATE DUE	0 RATE \$ 0.00	\$ 3,168.17  6/26-9/19 DATE INCURRED	CALENDAR YEAR \$ 3,168.17  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>		\$ 3,168.17	\$ 0.00	\$ 0.00	\$ 3,168.17	\$ 0.00		

**Schedule B Summary**

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	\$ 3,168.17
2. 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.)	\$ 0.00
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.	<b>NET</b> \$ 3,168.17

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

†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.

(May be a negative number)

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/2020	
through	9/19/2020	Page 6 of 8
NAME OF FILER		I.D. NUMBER
Darlene Gee for Council 2020		1428111

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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 attached.				

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

**SUBTOTAL \$ 2,745.52**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,745.52
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
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 \$ 2,745.52</b>

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

Form 460 Details

7/1/2020 to 9/19/2020

<u>Name</u>	<u>Occupation</u>	<u>Employer</u>	<u>Address</u>	<u>Amount</u>	<u>Cuml</u>	<u>Code</u>
<u>Itemized Contributions</u>						
Robert Burt	Retired	N/A	117 Overhill Road, Orinda, CA, 94563	250.00	250.00	IND
Amy Worth	Vice Mayor	City of Orinda	304 La Espiral, Orinda, CA, 94563	250.00	250.00	IND
Victoria Smith	Attorney	Law Office of Victoria Robinson Smith	69 Camino del Diablo, Orinda, CA, 94563	250.00	250.00	IND
Richard Westin	CEO	Agemark Senior Living	25 Avenida de Orinda, Orinda, CA, 94563	250.00	250.00	IND
Matthew Davis	COO	Aon Risk Solutions	711 Miner Road, Orinda, CA, 94563	250.00	250.00	IND
Tom Trowbridge	Retired	N/A	17 Paintbrush Lane, Orinda, CA, 94563	100.00	100.00	IND
Brent Bates	President	AMG	3438 Helen St, Oakland, CA, 94608	250.00	250.00	IND
Bill DeWitt	Citizen	not provided	321 Overhill Rd, Orinda, CA, 94563	100.00	100.00	IND
Pat Rudebusch	Bookstore owner	Self-employed	1 Broadview Terrace, Orinda, CA, 94563	100.00	100.00	IND
Janet Pease	Retired	N/A	48 Donald Drive, Orinda, CA, 94563	250.00	250.00	IND
Diane Oshima	City Planner	City of San Francisco	2 Glorietta Court, Orinda, CA, 94563	100.00	100.00	IND
Elizabeth Susan Severson	Retired	N/A	67 Martha Road, Orinda, CA, 94563	250.00	250.00	IND
Inga Miller	Attorney	Miller Property Law	25 Ardor Drive, Orinda, CA, 94563	100.00	100.00	IND
James Landau	Retired	N/A	218 Hail Drive, Orinda, CA, 94563	100.00	100.00	IND
Peter Hasselman	Retired	N/A	631 Watchwood Road, Orinda, CA, 94563	50.00	50.00	IND
Dennis Fay	Retired	N/A	6 Jack Tree Knoll, Orinda, CA 94563	250.00	250.00	IND
Joan Leslie	Retired	N/A	9 Daryl Drive, Orinda, CA 94563	250.00	250.00	IND
David Burke	Retired	N/A	117 Van Ripper Lane, Walnut Creek, CA 94595	100.00	100.00	IND
Deborah Sedberry	Physician	Self-employed	285 Glorietta Boulevard, Walnut Creek, CA 94595	100.00	100.00	IND
David Bonneville	Retired	N/A	62 Orchard Road, Walnut Creek, CA 94595	100.00	100.00	IND
HTNB Holdings Ltd. PAC	FEC#C00386029	N/A	715 Kirk Drive, Kansas City, MO 64105	1,000.00	1,000.00	OTH
Shannon Gaffney	Consultant	HNTB Corporation	1095 Country Club Drive, Moraga, CA, 94556	100.00	100.00	IND
Ellen Dale	Retired	N/A	16 Gardiner Ct., Orinda, CA, 94563	100.00	100.00	IND
William Hurrell	Civil Engineer	CDM Smith	3 Oakview Terrace, Orinda, CA, 94563	100.00	100.00	IND
Duane Jessee	Retired	N/A	7 Vermont Ave, Bloomington, IL, 61701	100.00	100.00	IND
Mary Gilles	Retired	N/A	73 Brookwood Road, Unit 5, Orinda, CA, 94563	250.00	250.00	IND
Bruce Burrows	Esate	Self-employed	6 Southpoint Rd, Orinda, CA, 94563	100.00	100.00	IND
Glazer for Senate FPPC#1428111			61 La Espiral, Orinda CA 94563	250.00	250.00	COM
David Anderson	Retired	N/A	281 Courtney Lane, Orinda CA 94563	200.00	200.00	IND
William J. Babcock	Retired	N/A	456 Camino Sobrante, Orinda CA 94563	150.00	150.00	IND
Melanie Light	Fine Art Appraiser	Fine Art Appraiser	55 Via Farallon, Orinda CA 94563	100.00	100.00	IND
H. George Hammon III	Retired	N/A	39 California Ave., Orinda CA 94563	200.00	200.00	IND
Randy Soso	Contractor	Zivko Corporation	986 Dee Court, Walnut Creek, CA, 94597	300.00	300.00	IND
Itemized Contributions				6,400.00	6,400.00	

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

**Form 460 Details**

**7/1/2020 to 9/19/2020**

Payments Made From Campaign Account

web	Square Space	225 Verick Street, NY 10014	123.95
99/1	CA Secretary of State	Sacramento, CA	50.00
ckg. a/c	Harland Clarke		80.80
debit/4		15955 La Cantera Parkway San Antonio, TX 78256	
1001/5	Premier Promotions	6170 Rocky Mount Road Granite Falls, NC 28630	997.60

Payments made from candidate's personal account (included as candidate loans)

2	Go Daddy	14455 North Hayden Rd. #219	12.17	1,493.17
3	Square Space	225 Verick Street, NY 10014	30.00	
6	Orinda News	P.O. Box 97, Orinda CA 94563	645.00	
7	Square Space	225 Verick Street, NY 10014	30.00	
8	Lamorinda Weekly	P.O. Box 6133 Moraga, CA 94570	776.00	

1,493.17

Total Payments Made 2,745.52