

# Recipient Committee Campaign Statement Cover Page

Date Stamp <b>RECEIVED</b> <i>Shen</i> OCT 20 2020 ORINDA CITY CLERK	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>10</u> For Official Use Only

Statement covers period from <u>9/20/2020</u>  through <u>10/17/2020</u>	Date of election if applicable: (Month, Day, Year)  <u>11/3/2020</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input 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><br><br><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 checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input checked="" type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small><br><br><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><small>(Also file a Form 410 Termination)</small><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  
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
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<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>510-589-6206</u>
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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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<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>510-589-6206</u>
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OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

Robert Burt

MAILING ADDRESS

117 Overhill Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>510-589-6206</u>
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NAME OF ASSISTANT TREASURER, IF ANY

Sue Severson

MAILING ADDRESS

67 Martha Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>925-255-7570</u>
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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 10/19/2020  
Date

Executed on 10-19-2020  
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
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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

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Measure R	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>9/20/2020</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/17/2020</u>	
Page <u>3</u> of <u>10</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	\$ 10225.00	\$ 24609.99
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 10225.00	\$ 24609.99
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4	\$ 10225.00	\$ 24609.99

## 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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 16159.30	\$ 18450.38
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 16159.30	\$ 18450.38
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	\$ 16159.30	\$ 18450.38

## 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	\$ 23881.92
13. Cash Receipts..... Column A, Line 3 above	10225.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	-
15. Cash Payments..... Column A, Line 8 above	16159.30
16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15	\$ 17947.62

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	\$ _____

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.

**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 10

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				
<b>SUBTOTAL \$</b>					10100.00	

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 10100.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 125.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 10225.00

\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	9/20/2020	
through	10/17/2020	Page 5 of 10
NAME OF FILER		I.D. NUMBER
Safer Orinda Yes on Measure R 2020 (formerly Fix Orinda Roads Now!)* *per filed Form 410		1343654

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 attached.				

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

**SUBTOTAL \$ 16159.30**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 16159.30
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 \$ 16159.30</b>

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

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

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

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**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)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
See schedule attached.				

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

7/10  
(amended)

Form 460 Details

9/20/2020 to 10/17/2020

<u>First Name</u>	<u>Last Name</u>	<u>Address</u>	<u>City</u>	<u>ST</u>	<u>Zip</u>	<u>Occupation</u>	<u>Employer</u>	<u>Amounts</u>	<u>Cuml.</u>	<u>Code</u>
<b>Itemized Contributions</b>										
Republic Services, Inc.		18500 N. Allied Way	Phoenix	AZ	85054	n/a	n/a	5,000.00	5,000.00	OTH
Nancy	Booth	2624 Umpqua Lane	West Linn	OR	97068	Coldwell Banker	Realtor	250.00	250.00	IND
Rachel	Duclos	31 Bear Ridge Road	Orinda	CA	94563	Community Organiza	Self-employed	250.00	250.00	IND
Bill & Nath	Schmicker	129 Catherine CT	Orinda	CA	94563	Real Estate	Pegasus Group	500.00	500.00	IND
John	Kotowski	44 Orinda View Rd.	Orinda	CA	94563	Retired	Retired	500.00	500.00	IND
Michael	Brown	93 La Espiral	Orinda	CA	94563	Househusband	None	100.00	100.00	IND
Ted	Urban	120 Alta Haciendas Road	Orinda	CA	94563	Architect	Self-employed	500.00	500.00	IND
Yasaman	Lee	461 Tahos Road	Orinda	CA	94563	Homemaker	n/a	100.00	100.00	IND
Casey	Allen	185 Front Street Suite 204	Danville	CA	94526	Insurance Agent	Farmers Insurance	100.00	100.00	IND
Ernie	Avila	712 Bancroft Road S. 333	Walnut Creek	CA	94598	Civil Engineer	Avila and Associat	100.00	100.00	IND
Cassandra	Forth	26 Zander Drive	Orinda	CA	94563	Retired	Retired	200.00	210.00	IND
Nick	Kosla	11 Bobolink Rd.	Orinda	CA	94563	Real Estate	Toll Brothers	400.00	400.00	IND
CA Assoc. of Realtors Issues Mobilization PAC #7		515 S. Figueroa St., Ste. 1110	Los Angeles	CA	90071	n/a	n/a	1,000.00	1,000.00	OTH
Joseph	Fitzpatrick	131 Spring Road	Orinda	CA	94563	Retired	Retired	100.00	100.00	IND
Arbor Products Ltd., dba Expert Tree Service		1 Northwood Dr., Ste 4	Orinda	CA	94563	n/a	n/a	1,000.00	1,000.00	OTH

Itemized Contributions 10,100.00

8710

**Safer Orinda Yes on R 2020 (FPPC# 1343654)**

Form 460 Details

9/20/2020 to 10/17/2020

Payments Made

Political Data Incorporated PO Box 59570, Norwalk, CA 90652	Web/credit card charges		59.55
Contra Costa Democratic Party CA #990661) 7909 Walerga Road S. 112, Antelope CA 95843	Slate Card Ad	1078	530.00
TBWBH Props & Measures 1569 Solano Ave., #171 Berkeley, CA 94507	Campaign consulting & services <b>Invoice 02404</b> <b>See Subvendor Report attached</b>	1079	8,346.59
Robert Burt	Reimbursement for flowers for Database Manager Carolyn Knoll	1080	53.64
TBWBH Props & Measures 1569 Solano Ave., #171 Berkeley, CA 94507	Campaign consulting & services <b>Invoice 02607</b> <b>See Subvendor Report attached</b>	1081	7,169.52
Total Payments Made			<u>16,159.30</u>

**SUBVENDOR REPORT**

**This is not an invoice**

**For use in completing Schedule G of Form 460.**

**Any subvendors paid less than \$500 are not required to be reported**

9 of 10

**To:** Safer Orinda Yes on R

**From:** TBWBH Props & Measures

**Invoice#** inv02404

**Inv Date:** 09/26/2020

Printed:  
9/26/2020

**Vendor**

**Amount**

OutreachCircle

**\$900.00**

Networking Tool/Subscription

OutreachCircle  
174 Pepper Dr,  
Los Altos, CA 94022

Pacific Printing

**\$1,655.00**

Printing, Mailhouse, Shipping

Pacific Printing  
1445 Monterey Hwy  
San Jose, CA 95110

Political Data Inc.

**\$936.85**

Data

Political Data Inc.  
12501 Imperial Highway, Suite 200  
Norwalk, CA 90650

USPS

**\$1,720.10**

Postage

USPS  
475 L'Enfant Plaza, SW Room 4012  
Washington, DC 20260

Wix

**\$506.95**

Website/Email Service

Wix  
500 Terry Francois Blvd  
San Francisco CA 94158

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### SUBVENDOR REPORT

This is not an invoice

For use in completing Schedule G of Form 460.

Any subvendors paid less than \$500 are not required to be reported

//

To: Safer Orinda Yes on R

From: TBWBH Props & Measures

Invoice# inv02607 Inv Date: 10/16/2020

Printed  
10/16/2020

Vendor	Amount	
Pacific Printing Pacific Printing 1445 Monterey Hwy San Jose, CA 95110	\$2,027.00	Printing, Mailhouse, Shipping
USPS USPS 475 L Enfant Plaza, SW Room 4012 Washington, DC 20260	\$1,711.76	Postage