

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
	Page <u>1</u> of <u>2</u> For Official Use Only

Statement covers period from <u>10/18/2020</u> through <u>11/30/2020</u>	Date of election if applicable: (Month, Day, Year) _____
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SEE INSTRUCTIONS ON REVERSE

<p>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i></p> <p><input checked="" type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i></p>	<p>2. Type of Statement:</p> <p><input type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input checked="" type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> <input type="checkbox"/> Amendment (Explain below)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report</p>
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<p>3. Committee Information</p> <p>I.D. NUMBER <u>1432200</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Orindans for Fair Road Funding</u></p> <p>STREET ADDRESS (NO P.O. BOX) <u>29 La Fond Ln</u></p> <table border="1"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td><u>Orinda</u></td> <td><u>CA</u></td> <td><u>94563</u></td> <td><u>925-899-5088</u></td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX <u>29 La Fond Ln</u></p> <table border="1"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS _____</p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>925-899-5088</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE					<p>Treasurer(s)</p> <p>NAME OF TREASURER <u>Stephen Cohn</u></p> <p>MAILING ADDRESS <u>29 La Fond Ln</u></p> <table border="1"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td><u>Orinda</u></td> <td><u>CA</u></td> <td><u>94563</u></td> <td><u>925-899-5088</u></td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY _____</p> <p>MAILING ADDRESS _____</p> <table border="1"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS _____</p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>925-899-5088</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE				
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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 <u>12/01/2020</u> Date	By _____ Signature of Treasurer or Assistant Treasurer
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/18/2020</u>	CALIFORNIA FORM 460
through <u>11/30/2020</u>	
Page <u>2</u> of <u>2</u>	
I.D. NUMBER 1432200	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Orindans for Fair Road Funding

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>	\$ 0.00	\$ 2,236.84
2. Loans Received..... <i>Schedule B, Line 3</i>	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ 0.00	\$ 2,236.84
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ 0.00	\$ 2,236.84

**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>	\$ 0.00	\$ 2,236.84
7. Loans Made..... <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ 0.00	\$ 2,236.84
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>	\$ 0.00	\$ 2,236.84

**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>	0.00
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	0.00
15. Cash Payments..... <i>Column A, Line 8 above</i>	0.00
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 0.00

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

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination – See Part 5
 Date of termination
 11 / 30 / 2020

Date Stamp

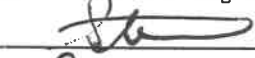
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

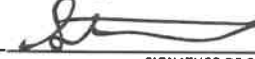
DEC 07 2020

CALIFORNIA FORM 410
City Manager/City Clerk
DEC 28 2020
RECEIVED

1. Committee Information				I.D. Number 1432200 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Orindans for Fair Road Funding				NAME OF TREASURER Stephen G Cohn							
STREET ADDRESS (NO P.O. BOX) 29 La Fond Ln				STREET ADDRESS (NO P.O. BOX) 29 La Fond Ln							
CITY Orinda	STATE CA	ZIP CODE 94563	AREA CODE/PHONE 925-254-0357	CITY Orinda	STATE CA	ZIP CODE 94563	AREA CODE/PHONE 925-254-0357	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) steve_cohn@comcast.net				CITY				STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE Contra Costa	JURISDICTION WHERE COMMITTEE IS ACTIVE Orinda			NAME OF PRINCIPAL OFFICER(S) Stephen G Cohn							
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) 29 La Fond Ln							
				CITY Orinda	STATE CA	ZIP CODE 94563	AREA CODE/PHONE 925-254-0357				
3. Verification											

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 11/30/2020 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/30/2020 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT