

**Recipient Committee Campaign Statement Cover Page**

Date Stamp  
City of Orinda  
City Manager/City Clerk

JAN 11 2021

RECEIVED

CALIFORNIA FORM 460

Page 1 of 9

For Official Use Only

**Statement covers period**  
from 10/18/2020  
through 12/31/2020

**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 4/2/2021 Date  
 Executed on 1-11-2021 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

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 10/18/2020 through 12/31/2020	<b>CALIFORNIA FORM 460</b>
	Page 3 of 9
	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	\$ 5000.00	\$ 29609.99
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 5000.00	\$ 29609.99
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. <b>TOTAL CONTRIBUTIONS RECEIVED</b> ..... Add Lines 3 + 4	\$ 5000.00	\$ 29609.99

## 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	\$ 18251.68	\$ 36702.36
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 18251.68	\$ 36702.36
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. <b>TOTAL EXPENDITURES MADE</b> ..... Add Lines 8 + 9 + 10	\$ 18251.68	\$ 36702.36

## 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	\$ 17947.62
13. Cash Receipts..... Column A, Line 3 above	5000.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	-
15. Cash Payments..... Column A, Line 8 above	18251.68
16. <b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4695.94

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	\$ _____
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## 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 <u>10/18/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>9</u>

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
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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 schedule attached.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00		
		<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 \$ 5000.00</b>						

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ 5000.00
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$ 5000.00</b>

\*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.

Statement covers period from 10/18/2020 through 12/31/2020	<b>CALIFORNIA FORM 460</b>
	Page 5 of 9
	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.				18251.68

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

**SUBTOTAL \$ 18251.68**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 18251.68
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 \$ 18251.68</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 10/18/2020  
through 12/31/2020

SCHEDULE G

**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

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.			9768.40

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 9768.40**

\* 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.

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 Agemark Senior Living	1,000.00	1,000.00	IND
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

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



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

**Form 460 Details**

**10/18/2020 to 12/31/2020**

<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>	
<i>Itemized Contributions</i>											
		Bay Cities Paving & Grading (Ben Rodriguez, President)	Concord	CA	94520	n/a	n/a	2,500.00	2,500.00	OTH	
		PG&E Corporation 77 Beale Street	San Francisco	CA		n/a	n/a	2,500.00	2,500.00	OTH	
Itemized Contributions								<u>5,000.00</u>			

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

**Form 460 Details**

**10/18/2020 to 12/31/2020**

Payments Made

Orinda Association  
P.O. Box 97, Orinda CA 94563

TBWBH Props & Measures  
1569 Solano Ave., #171  
Berkeley, CA 94507

Secretary of State  
Sacramento, CA

11/1 Orinda News Ad	1082	696.00
Campaign consulting & services Invoice 02688 <i>See Subvendor Report attached</i>	1083	17,505.68
Annual registration fee (2021)	1084	50.00

Total Payments Made 18,251.68

# SUBVENDOR REPORT

989

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# inv02688      Inv Date: 10/31/2020

Printed:  
11/11/2020

Vendor	Amount	
Facebook Facebook 1 Hacker Way Menlo Park, CA,94025	\$2,400.30	Advertising
Pacific Printing Pacific Printing 1445 Monterey Hwy San Jose, CA 95110	\$3,973.00	Printing, Mailhouse, Shipping
USPS USPS 475 L'Enfant Plaza, SW Room 4012 Washington, DC 20260	\$3,395.10	Postage

9,768.40 TOTAL