Recipient Committee Campaign Statement Cover Page

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Date Stamp
City of Orinda
Manager/City Clerk
SEP 26 2022
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CALIFORNIA FORM 460

Page _____ of _____

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 8/3/2022
through 9/24/2022

Date of election if applicable: (Month, Day, Year)
11/8/2022

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: 1453079

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Janet Riley for Orinda City Council 2022 Committee

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Orinda	CA	94563	925-257-2372

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Orinda	CA	94563	925-257-2372

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Joan Kiekhaefer

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Orinda	CA	94563	925.254.7957

NAME OF ASSISTANT TREASURER, IF ANY
Steve Rosenzweig

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Orinda	CA	94563	925.254.7957

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 _____ Date

By [redacted]
Signature of Controlling Officeholder, Candidate, State Measure Proponent, or Responsible Officer of Sponsor

Executed on 9/26/22 Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Janet Riley

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

Orinda City Council, Orinda CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	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? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ SUPPORT ☐ 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 8/3/2022
through 9/24/2022

CALIFORNIA FORM 460

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Janet Riley for Orinda City Council 2022 Committee

I.D. NUMBER
1453079

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 13,230.00	$ 13,230.00
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 13,230.00	$ 13,230.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 13,230.00	$ 13,230.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 8,825.43	$ 8,825.43
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 8,825.43	$ 8,825.43
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 8,825.43	$ 8,825.43

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0
13. Cash Receipts	*Column A, Line 3 above*	13,230.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	8,825.43
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 4,404.57

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 4,404.57
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

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).

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	$	$

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
___/___/___	$
___/___/___	$

*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

CALIFORNIA FORM **460**

Statement covers period
from 8/3/22
through 9/24/22

Page ____ of ____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Janet Riley for Orinda City Council 2022 Committee

I.D. NUMBER
1453079

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/12/22	Janet Riley [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney None	3000	3000	
9/12/22	Sara Albo [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Healthcare Technology Kaiser	500	500	
9/13/22	John Briskey [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	250	250	
9/14/22	Mercedes Eberle [redacted] Encintas, CA 92024	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Sales Ralph Lauren	500	500	
9/23/22	Janet Pease [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	1000	1000	
			SUBTOTAL $	5250		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 12,960
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 270
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 13,230

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 8/3/22
through 9/24/22

CALIFORNIA FORM 460

Page ____ of ____

NAME OF FILER
Janet Riley for Orinda City Council 2022 Committee

I.D. NUMBER
1453079

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/13/22	Danuta Zaroda [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker None	100	100	
9/15/22	Juanita Kizor [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	500	500	
9/18/22	Mary and Mark Maxson [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	1000	1000	
9/18/22	Carolyn Herman [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	500	500	
9//18/22 9/22/22	Sandy Gross [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self AFCO Electronics	360	360	
			SUBTOTAL $ 2460			

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 8//3/22
through 9/24/22

CALIFORNIA FORM 460

Page _____ of _____

NAME OF FILER
Janet Riley for Orinda City Council 2022 Committee

I.D. NUMBER
1453079

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/22	A. David Cobo [redacted] Orinda CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	200	200	
9/19/22	Beverly Baus [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100	100	
9/21/22	Laurie & Brent Goetzl [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	None None	150	150	
9/21/22	Kaiia Gibbs [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Gibbs & Associates	150	150	
9/21/22	Steve & Tish Harwood [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Harwood Enterprises	2000	2000	
			SUBTOTAL $	2600		

*Contributor Codes
IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 8/3/22
through 9/24/22

CALIFORNIA FORM 460

Page ____ of ____

NAME OF FILER
Janet Riley for Orinda City Council 2022 Committee

I.D. NUMBER
1453079

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/22	Catherine Dunne [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A N/A	100	100	
9/22/22	Kathy & Wes Yee [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Wells Fargo	150	150	
9/22/22	Lorene Quist [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	500	500	
9/21/22	Vanessa Crews [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired UC Berkeley	250	250	
9/23/22	Pamela Wiley [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Audiologist None	100	100	
			SUBTOTAL $	1100		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 8/3/22
through 9/24/22

CALIFORNIA FORM **460**

Page _____ of _____

NAME OF FILER
Janet Riley for Orinda City Council 2022 Committee

I.D. NUMBER
1453079

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/22	Bill & Shand Green [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	500	500	
9/23/22	Ron Sharp [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100	100	
9/23/22	Robert Burt [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100	100	
9/24/22	Sheila Butler [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Social Worker Sutter Health	100	100	
9/24/22	Michael Zischke [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Cox, Castle & Nicholson LLP	500	500	
			SUBTOTAL $	1300		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 8/3/22
through 9/24/22

CALIFORNIA FORM 460

Page _____ of _____

NAME OF FILER
Janet Riley for Orinda City Council 2022 Committee

I.D. NUMBER
1453079

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/22	Robert Tong [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Wealth Management Advisor Northwestern Mutual	150	150	
9/24/22	Margaret Govednik [redacted] Orinda, CA 94563	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	100	100	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $ 250			

*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 8/3/22
through 9/24/22

CALIFORNIA FORM 460

Page ____ of ____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Janet Riley for Orinda City Council 2022 Committee

I.D. NUMBER

1453079

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Orinda News PO Box 97 Orinda, CA 94563	PRT			1,183.00
Lisa Burlini [redacted] Orinda, CA 94563	WEB			4,550.00
Build A Sign 11525 A Stonehollow Dr. Suite 100 Austin, TX 78758	CMP			2054.52

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

SUBTOTAL $ 7,787.52

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 8,638.31
2. Unitemized payments made this period of under $100 ..... $ 187.12
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 8,825.43

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 8/3/22
through 9/24/22

CALIFORNIA FORM 460

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Janet Riley for Orinda City Council 2022 Committee

I.D. NUMBER
1453079

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
Fed Express 1 Camino Sobrante Orinda, CA 94563	LIT			209.06
Stripe (credit card discounts) 354 Oyster Pt. Blvd. South San Francisco, CA 94080				241.82
Citicards--Janet Riley (paid on her card) SP Pensxpress 1070 -H Route 34, Ste. 196 Matawan, NJ 07747	CMP			121.34
Citicards--Janet Riley (paid on her card) Wrist-Band.com 4224 Kensington Dr. Sugarland, TX 77479	CMP			140.29
Citicards--Janet Riley (paid on her card) Vistaprint 275 Wyman St. Waltham, MA 02451	LIT			138.28

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

SUBTOTAL $ 850.79

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Janet Riley For Orinda City Council 2022 Committee		9/30/22	RECEIVED	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 5	OCT 03 2022	
925.257.2372	1453079	☐ Amendment to Report No. ____ (explain below)	ORINDA CITY CLERK	
STREET ADDRESS [redacted]		No. of Pages 1		
CITY	STATE / ZIP CODE			
Orinda	CA 94563			

1. Contribution(s) Received

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 OF BUSINESS)	AMOUNT RECEIVED
9/30/22	PAMELA CROCE-GOODE [redacted] ORINDA CA 94563	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$1000 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate

**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

Reason for Amendment: ____