

# Recipient Committee Campaign Statement Cover Page

Date Stamp <i>Rcvd 10/25/18 Jheri</i>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>10</u>
	For Official Use Only

Statement covers period  
from 9/23/18  
through 10/20/18

Date of election if applicable:  
(Month, Day, Year)  
11/6/18

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" 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> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <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 type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
982411

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends to Elect Amy Worth to the Orinda City Council 2018

STREET ADDRESS (NO P.O. BOX)

304 La Espiral

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>925-254-0663</u>

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

P O Box 1808

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Orinda</u>	<u>CA</u>	<u>94563</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Linda Landau

MAILING ADDRESS

218 Hall Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Orinda</u>	<u>CA</u>	<u>94563</u>	<u>925-254-1156</u>

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 10/24/18  
Date

Executed on 10/25/18  
Date

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

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

By Linda Landau  
Signature of Treasurer or Assistant Treasurer

By Amy B. Worth  
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

Amy Worth

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

Orinda City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

304 La Espiral 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)

CITY STATE ZIP CODE AREA CODE/PHONE

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

**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>9/23/18</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/20/18</u>	
Page <u>3</u> of <u>10</u>	I.D. NUMBER <u>982411</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Amy Worth to the Orinda City Council 2018

## 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>	\$ <u>9,100.00</u>	\$ <u>30,083.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>621.05</u>	<u>621.05</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>9,721.05</u>	\$ <u>30,083.00</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>194.30</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>9,721.05</u>	\$ <u>30,277.30</u>

## 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>	\$ <u>12,939.29</u>	\$ <u>14,410.29</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>12,939.29</u>	\$ <u>14,410.29</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>12,939.29</u>	\$ <u>14,410.29</u>

## 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>	\$ <u>20,738.14</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>9,100.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>.11</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>12,939.29</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>16,898.96</u>

*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>	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER <b>Friends to Elect Amy Worth to the Orinda City Council 2018</b>		I.D. NUMBER <b>982411</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Amy Worth to the Orinda City Council 2018

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)
	See following pages for detail	<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>	<b>8,890.00</b>	

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.).....	\$ <u>8,890.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ <u>210.00</u>
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 \$</b> <u>9,100.00</u>

\*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

Amy R. Worth Friends to Elect Amy Worth to Orinda City Council 2018

I.D. Number 982411

Page 5 of 10

Date Received	Full Name & Address of Contributor	Contributor code	Occupation and Employer	Amount Received this Period	Cumulative to Date Calendar Year	Per Election to Date (If Required)
9/24/18	Laura Abrams 14 La Bolsita Way, Orinda CA 94563	IND	Realtor, Coldwell Banker	250	250	
9/24/18	John Goyak 3 Moraga Way, #3, Orinda CA 94563	IND	Owner, Casa Orinda	500	500	
9/24/18	Charlotte Guppy 3 Moraga Way, Orinda CA 94563	IND	Retired	100	100	
9/26/18	Mark LeHocky, 118 Diablo View Road, Orinda CA 94563	IND	Attorney, self-employed	500	500	
9/26/18	Ann Notthoff 212 La Espiral, Orinda CA 94563	IND	Environmentalism, NRDC	100	100	
9/26/18	Guyla Cashel, 1145 Estates Dr, Lafayette CA 94549	IND	Psychotherapist, self-employed	150	150	
9/27/18	Shelley Hubner 12 El Verano, Orinda CA 94563	IND	Attorney, Health Net of Calif.	200	200	
9/28/18	Nicky Zabetian 30 Ridge Lane, Orinda CA 94563	IND	Instructor, The Dailey Method	500	500	
9/28/18	Gennaro Filice 14 Tappan Lane, Orinda CA 94563	IND	Attorney, King & Spalding	250	250	
9/28/18	IBEW 302 Community Candidates PAC, 1875 Arnold Drive, Martinez CA 94533	COM	Small Contributor Committee ID # 1300752	2,000	2,000	
		Subtotal		4,550	4,550	

Amy R. Worth Friends to Elect Amy Worth to Orinda City Council 2018

I.D. Number 982411

Page 6 of 10

Date Received	Full Name & Address of Contributor	Contributor code	Occupation and Employer	Amount Received this Period	Cumulative to Date Calendar Year	Per Election to Date (If Required)
10/1/18	Shannon Fuller 502 Miner Road, Orinda CA 94563	IND	Community volunteer	250	250	
10/1/18	Betty Brotherton 37 Ardilla Road, Orinda CA 94563	IND	Retired	100	100	
10/1/18	Roxanne Rhoades, 30 Queensbrook Place, Orinda CA 94563	IND	Retired	100	100	
10/1/18	Plumbing Industry Consumer Protection Fund, United Assoc. Local No. 159, 1308 Roman Way, Martinez CA 94553	OTH	N/A	500	500	
10/3/18	Nadia Costa 2 El Caminito, Orinda CA 94563	IND	Attorney, Miller Starr Regalia	250	250	
10/3/18	Law Offices of Jonathan Larose APC 39199 Paseo Padre Pkwy #E, Fremont CA 94538	OTH	N/A	500	500	
10/4/18	Lynn Baskett 44 Barbara Road, Orinda CA 94563	IND	Special Projects Officer, Hospital Council of Northern & Central Calif.	100	100	
10/6/15	Robert Brittain, 1310 Deneb Court, Walnut Creek CA 94597	IND	Retired	250	250	
10/9/18	Kanda Raj, 921 Dawnview Court, Concord CA 94521	IND	Administration, DMR Mgt. Consultants Inc.	240	240	
10/9/18	Glazer for Senate 2020 61 La Espiral, Orinda CA 94563	COM	FPPC ID # 1393610	250	250	
		Subtotal		2,540	2,540	

Amy R. Worth Friends to Elect Amy Worth to Orinda City Council 2018

I.D. Number 982411

Page 7 of 10

Date Received	Full Name & Address of Contributor	Contributor code	Occupation and Employer	Amount Received this Period	Cumulative to Date Calendar Year	Per Election to Date (If Required)
10/11/18	Kay Yanev 35 Glorietta Court, Orinda CA 94563	IND	Retired	100	100	
10/11/18	Northern California Carpenters Regional Council Small Contributor Committee, 288 Hegenberger Road #200, Oakland CA 94821	COM	FPPC ID # 972104	500	500	
10/13/18	Madelyn Mallory 20 Rabble Road, Orinda CA 94563	IND	President, CEO, Chief Compliance Officer at Catalyst Financial Planning & Investment Mgt. Corp.	150	150	
10/15/18	Louise Hinkamp 3 Ranch Road	IND	Retired	250	250	
10/18/18	Build Jobs PAC, 1350 Treat Blvd., #140, Walnut Creek CA 94597	COM	FPPC ID# 761102	500	500	
10/18/18	Arlene White 10 La Vuelta	IND	General Manager, Sleepy Hollow Swim & Tennis Club	200	200	
10/19/18	Thomas Trowbridge 17 Paintbrush Lane	IND	Retired	100	100	
		IND				
		IND				
		Subtotal		1,800	1,800	

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Amy Worth to the Orinda City Council 2018

I.D. NUMBER

982411

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
Amy Worth 304 La Espiral Orinda, CA 94563  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$ <u>9,303.88</u>	\$ <u>621.05</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>9,924.93</u>  <u>N/A</u> DATE DUE	<u>0</u> % RATE  \$ <u>0</u>	\$ _____  DATE INCURRED	CALENDAR YEAR \$ <u>621.05</u> PER ELECTION** \$ <u>621.05</u>
† <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>		\$	621.05 \$	0 \$	9,924.93 \$	0		

**Schedule B Summary**

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

- Loans received this period ..... \$ 621.05  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 621.05  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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.



# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>10</u>
	I.D. NUMBER <b>982411</b>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends to Elect Amy Worth to the Orinda City Council 2018

**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
The Tucker Group 25A Crescent Drive # 119 Pleasant Hill, CA 94523	CNS	LIT		12,939.29

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

**SUBTOTAL \$ 12,939.29**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	12,939.29
2. Unitemized payments made this period of under \$100	\$	0
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.)	<b>TOTAL \$</b>	<b>12,939.29</b>

**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 9/23/18  
through 10/20/18

**CALIFORNIA  
FORM 460**

Page 10 of 10

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends to Elect Amy Worth to the Orinda City Council 2018

I.D. NUMBER  
982411

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

- 1. Itemized increases to cash this period. ....\$ \_\_\_\_\_
- 2. Unitemized increases to cash of under \$100 this period. ....\$ .11
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ....\$ \_\_\_\_\_
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** .11