

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp  <i>Rec'd 10/24/18 Shen.</i>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>8</u>  For Official Use Only

Statement covers period from <u>9/23/2018</u>  through <u>10/20/2018</u>	Date of election if applicable: (Month, Day, Year)  <u>11/6/2018</u>
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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

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

Nick Kosla for Orinda City Council 2018 (FPPC# 1411040)

STREET ADDRESS (NO P.O. BOX)

19 Camino Del Diablo

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Orinda	CA	94563	925-386-0316

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 W. 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

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 10/23/2018  
Date

By *Robert W. Burt*  
Signature of Treasurer or Assistant Treasurer

Executed on 10/24/2018  
Date

By *[Signature]*  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Nick Kosla

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

Orinda City Council

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

19 Camino Del Diablo 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>9/23/2018</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/20/2018</u>	
Page <u>3</u> of <u>8</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Kosla for Orinda City Council 2018 (FPPC# 1411040)

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 4550.00	\$ 14324.00
2. Loans Received..... Schedule B, Line 3		2500.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 4550.00	\$ 16824.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4	\$ 4550.00	\$ 16824.00

## 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	\$ 3682.37	\$ 5057.97
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3682.37	\$ 5057.97
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	4248.73	6250.40
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 7931.10	\$ 11308.37

## 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	\$ 10898.40
13. Cash Receipts..... Column A, Line 3 above	4550.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	3682.37
16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15	\$ 11766.03
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 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).

\*Amounts in this section may be different from amounts reported in Column B.

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 8750.40

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Kosla for Orinda City Council 2018 (FPPC# 1411040)

I.D. NUMBER

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)
Various	See schedule.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4450.00	14000.00	
		<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 \$</b>	4450.00	

## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	4450.00
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	100.00
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 \$</b>	4550.00

**\*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 B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>9/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Kosla for Orinda City Council 2018 (FPPC# 1411040)

I.D. NUMBER

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
Nick Kosla  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed. Business Consultant.	\$ <u>2500.00</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>2500.00</u>  <u>11/30/18</u> DATE DUE	<u>0</u> % RATE \$ _____ 0	\$ <u>2500.00</u>  <u>9/4/2018</u> DATE INCURRED	CALENDAR YEAR \$ <u>2500.00</u> 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** \$ _____
† <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>		\$	0.00 \$	0.00 \$	2500.00 \$	0.00		

**Schedule B Summary**

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

- Loans received this period ..... \$ 2500.00  
(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 \$ 2500.00  
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.

Statement covers period		CALIFORNIA FORM <b>460</b>
from	9/23/2018	
through	10/20/2018	Page <u>6</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

Nick Kosla for Orinda City Council 2018 (FPPC# 1411040)

**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.				3682.37

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

**SUBTOTAL \$ 3682.37**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	3682.37
2. Unitemized payments made this period of under \$100.....	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0.00
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>3682.37</b>

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>9/23/2018</u>		CALIFORNIA FORM <b>460</b>
through <u>10/20/2018</u>		
Page <u>7</u> of <u>8</u>		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Nick Kosla for Orinda City Council 2018 (FPPC# 1411040)

**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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
See schedule		2001.67	7931.10	3682.37	6250.40
<b>SUBTOTALS \$</b>		2001.67	\$ 7931.10	\$ 3682.37	\$ 6250.40

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

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	<b>INCURRED TOTALS \$</b>	7931.10
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTALS \$</b>	3682.37
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET \$</b>	4248.73

May be a negative number

Nick Kosla for Orinda City Council 2018 (FPPC# 1411040)

Form 460 Details

9/23/2018 to 10/20/2018

First Name	Last Name	Address	City	CA	Zip	Employer	Occupation	Amounts	Cumulative	Code
<u>Monetary Contributions (Schedule A)</u>										
TJ	DAmato	PO Box 578	Orinda	CA	94563	D'Amato Law	Attorney	\$250.00	\$250.00	IND
John	Wyro	40 Valley Drive	Orinda	CA	94563	self	consultant	100.00	100.00	IND
Amy	Stuffmann	11 Cascade Ln	Orinda	CA	94563	Retired		250.00	250.00	IND
Nara	Clark	221 Twin Ridge Dr.	San Luis Obispo	CA	93405	N/A	N/A	250.00	250.00	IND
Shoshana	Chazan	12 Del Mar Ct	Orinda	CA	94563	Sodexo, Inc.	Attorney	500.00	500.00	IND
John	Bernards	3430 Connecticut Ave NW	Washington	DC	20008	Self	Finance	100.00	100.00	IND
Morgan	Tarr	36 El Patio	Orinda	CA	94563	Delegate Advisors	Finance	200.00	200.00	IND
Helen	Hasselmann	631 Watchwood Road	Orinda	CA	94563	Retired		100.00	100.00	IND
Caroline	Giers	156 Hall Drive	Orinda	CA	94563	Retired		300.00	300.00	IND
Jordan	Pease	P.O Box 3063	Ashland	OR	97520	Self-employed	Event Producer	500.00	500.00	IND
Gretchen	Bell	332 Bachman Ave	Los Gatos	CA	95030	Retired		250.00	250.00	IND
Ellen	Dale	16 Gardiner Court	Orinda	CA	94563	Retired		100.00	100.00	IND
Gabe	Statsky	105 Harvey West Blvd	Santa Cruz	CA	95060	Self	Furniture Designer/Mal	100.00	100.00	IND
Kasey	Stevens	44 Orchard Road	Orinda	CA	94563	Self	Real Estate Investment	100.00	100.00	IND
Shari	Sullivan	26 Camino Del Diablo	Orinda	CA	94563	Enchanting Planting Inc	Designer	250.00	250.00	IND
Shari	Sullivan (duplicate gift; refunded)	26 Camino Del Diablo	Orinda	CA	94563	Enchanting Planting Inc	Designer	250.00	n/a	
Bob	Fisher	85 Southwood Drive	Orinda	CA	94563	Rusher Loscavio Fisher LLC	President	100.00	100.00	IND
Kristi	Haigh	4 Oak Flat Road	Orinda	CA	95463	Retired		200.00	200.00	IND
Victoria	Smith	320 Village Square	Orinda	CA	94563	Law Office of V R Smith	Attorney	100.00	100.00	IND
Carlos	Baltodano	11 Mira Loma Rd.	Orinda	CA	94563	LDC Consultants	Community Planning	100.00	100.00	IND
Louise	Adamson	151 Camino Don Miguel	Orinda	CA	94563	Perkins Coie LLP	Attorney	100.00	100.00	IND
Joanna	Wagner	41 Vista del Mar	Orinda	CA	94563	Fidelity Investments	SVP, Managing	250.00	250.00	IND
								<b>\$ 4,450.00</b>		
<u>Payments Made (Schedule E, Line 4)</u>										
<b>Credit card charges</b>								<b>\$ 156.40</b>	<b>WEB</b>	
1003	Canary, for campaign materials	745Distel Drive, Suite 5	Los Altos	CA	94022			2,001.67		CMP
1004	Orinda News ad, 10/1 issue	P.O. Box 97	Orinda	CA	94563			696.00		PRT
1005	Severson Design, reimb. for yard signs (Second order): BuildASign	11525A Stone Hollow Dr., S. 100	Austin	TX	78758			353.30		CMP
1007	Canary, for campaign materials	745Distel Drive, Suite 5	Los Altos	CA	94022			459.00		CMP
1009	Robert Burt, reimb for P.O. Box rental	117 Overhill Road	Orinda	CA	94563			16.00		OFC
								<b>\$ 3,682.37</b>		

Nick Kosla for Orinda City Council 2018 (FPPC# 1411040)

Form 460 Details

9/23/2018 to 10/20/2018

First Name	Last Name	Address	City	CA	Zip	Employer	Occupation	Amounts	Cumulative	Code	
<u>Accrued Expenses (Schedule F, Line 3)</u>											
							as of 9/22	incurred 9/23-10/20	paid 9/23-10/20	as of 10/20	
		Credit card charges						156.40	156.40	WEB	
1003		Canary, for campaign materials					2,001.67			CMP	
1004		Orinda News ad, 10/1 issue	P.O. Box 97	Orinda	CA	94563		696.00	696.00	PRT	
1005		Severson Design, reimb. for yard signs (Second order): BuildASign	11525A Stone Hollow Dr., S. 100	Austin	TX	78758		353.30	353.30	CMP	
1006		Shari Sullivan, duplicate donation refund	26 Camino Del Diablo	Orinda	CA	94563		250.00		250.00 RFD	
1007		Canary, for campaign materials						459.00	459.00	CMP	
1008		Voter Data File	555 Escobar St.	Martinez	CA	94553		50.00		50.00 OFC	
1009		Robert Burt, reimb for P.O. Box rental	117 Overhill Road	Orinda	CA	94563		16.00	16.00	OFC	
1010		Larissa Kosla, reimb for:	19 Camino Del Diablo	Orinda	CA	94563					
		PsPrint: Door hangers	2861 Mandela Parkway	Oakland	CA	94563		594.63		594.63 CMP	
		PsPrint: Rack cards	2861 Mandela Parkway	Oakland	CA	94563		367.29		367.29 CMP	
		PsPrint: Postcards	2861 Mandela Parkway	Oakland	CA	94563		959.95		959.95 CMP	
		PsPrint: Mailing Service	2861 Mandela Parkway	Oakland	CA	94563		3,000.54		3,000.54 CMP	
		PsPrint: Stickers	2861 Mandela Parkway	Oakland	CA	94563		385.60		385.60 CMP	
		Broken Seal Buttons	3150 18th Street	SF	CA	94110		213.39		213.39 CMP	
		StickerMule: Magnets	411 Lafayette St.	NY	NY	10003		429.00		429.00 CMP	
							<b>2,001.67</b>	<b>7,931.10</b>	<b>3,682.37</b>	<b>6,250.40</b>	
net increase:								<b>\$4,248.73</b>			