

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in Ink

Page 1 of 1 For Official Use Only

FILED FEB - 1 PM 3:36

Date of election if applicable: 6/7/16 CONTRA COSTA COUNTY ELECTION DEPARTMENT

Statement covers period from 7/1/15 through 12/31/15

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee

- 2. Type of Statement:
Prelection Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Prelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Friends of Hardcastle for Supervisor 2016
I.D. NUMBER: 299440
STREET ADDRESS (NO P.O. BOX): 11877 Main St
CITY: Oakley CA 94561
MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX): PO 103 Oakley CA 94561

Treasurer(s)
NAME OF TREASURER: Judy Hardcastle
MAILING ADDRESS: PO 103 Oakley CA 94561
NAME OF ASSISTANT TREASURER, IF ANY:
MAILING ADDRESS:
CITY:
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 [Signature]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page - Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Douglas F. Hancock
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CONTRA COSTA COUNTY SUPERVISOR DIST 4
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1189 MAIN ST BAILEY CA 94501

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
Friends of CHARADRAK for Supervisor 1379440
 NAME OF TREASURER CONTROLLED COMMITTEE?
Doug Hancock YES NO
 COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE
1189 MAIN ST CA 94501 925 754-4005
 CITY
Bailey
 COMMITTEE NAME I.D. NUMBER
Friends of Hancock for Supervisor 1379440
 NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO
 COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE
 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
----------------------	--------------	---

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	<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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Douglas F. Harscocks 2016 Friends of Harscocks for Supervisor

Statement covers period from 7-1-15 through 12-31-15

Page 1 of 9

LD NUMBER

137940

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

Column B CALENDAR YEAR TOTAL TO DATE

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

Table with 2 columns: Column A (Total This Period) and Column B (Calendar Year Total to Date). Rows include Monetary Contributions, Loans Received, Subtotal Cash Contributions, Nonmonetary Contributions, and Total Contributions Received.

Expenditure Limit Summary for State Candidates

Table with 2 columns: Expenditures Made and Total to Date. Rows include Payments Made, Loans Made, Subtotal Cash Payments, Accrued Expenses (Unpaid Bills), Nonmonetary Adjustment, and Total Expenditures Made.

Current Cash Statement

Table with 2 columns: Description and Amount. Rows include Beginning Cash Balance, Cash Receipts, Miscellaneous Increases to Cash, Cash Payments, and Ending Cash Balance.

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

Table with 2 columns: Description and Amount. Rows include Cash Equivalents and Outstanding Debts.

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.

Schedule A
Monetary Contributions Received

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

CALIFORNIA
FORM **460**

Statement covers period
from 2-1-15
through 12-31-15

Page 3 of 9

INSTRUCTIONS ON REVERSE

FILER

Douglas F Harwood

I.D. NUMBER

1379440

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)
2/14	LUCIA ALBERS 20. BOX 45B Brentwood Ca 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Naya Properties	300.00		
11/65	KEN JOHNSON 283 Honey Lane Oranby 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
10/61	DAVE SCHAEER 2964 TERRA VERDE LN Oranby 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF	300.00		
10/21	DENISE ARNOLD 1638 RIO VISTA CT Oranby 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Teacher	100.00		
11/14	DAVID DALPORTO 694 Bartlett Ct Brentwood 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rancher	250.00		
				SUBTOTAL \$ 1050.00		

*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

Summary
Total amount received this period - itemized monetary contributions: \$ 1050.00
Total amount received this period - unitemized monetary contributions of less than \$100: \$ _____
Total amount of monetary contributions received this period: \$ _____
Total amount received on the Summary Page, Column A, Line 1: \$ _____

Statement covers period from 7-1-15 through 12-31-15

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

Monetary Contributions Received

INSTRUCTIONS ON REVERSE

FILER

Douglas F Hancock

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)
10/1/15	MIKE J. FISCHER 426 Bayonett Ct Bartwood 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
10/1/15	HAL BOY 473 CEDONIA DR Bartwood Ca 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
10/1/15	Vicki Morgan Dr 4046 Courtland Dr Oranby 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self	100.00		
11/1/15	RON YAROLIM EK 1653 Somerset Plc ANTHOLCT 94504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	150.00		
11/1/15	KEN GRANSTADT 1371 Main St Oranby 94560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF	600.00		
				SUBTOTAL \$ 1050.00		

*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

Summary
 Amount received this period - itemized monetary contributions: \$ 1050.00
 (Include all Schedule A subtotals.) \$
 Amount received this period - unitemized monetary contributions of less than \$100 \$
 Total monetary contributions received this period: \$
 Total received here and on the Summary Page, Column A, Line 1.) TOTAL \$

Statement covers period from _____ through _____

Page 2 of 9

I.D. NUMBER 1289440

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

Part A
Monetary Contributions Received

INSTRUCTIONS ON REVERSE

FILER: Douglas F. ANDERSON

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)
7/14	ROY CUNHA PO Box 1202 CLAYTON 94517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	500.00		
Sept 7	DON + JODIE GRACEY 1791 CATOUR AVE BRAINTWOOD 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOTIFIED	1000.00		
10/2	PAUL ROLANDELLI MOBILE SERVICE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAULS AUTOMOTIVE INC	200.00		
				SUBTOTAL \$ 1700.00		

*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

Part A Summary
 Amount received this period - itemized monetary contributions \$ 3800.00
 Include all Schedule A subtotals \$ 723.00
 Amount received this period - unitemized monetary contributions of less than \$100 \$ 4523.00
 Total monetary contributions received this period TOTAL \$ 4523.00

Statement covers period from 7-1-15 to 12-31-15
 Page 6 of 9

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

**Schedule B - Part 1
Loans Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Douglas R. Provochale</u>		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 <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD DATE DUE	(e) INTEREST PAID THIS PERIOD RATE	(f) ORIGINAL AMOUNT OF LOAN DATE INCURRED	(g) CUMULATIVE CONTRIBUTIONS TO DATE CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND	<input type="checkbox"/> COM	<input type="checkbox"/> OTH	<input type="checkbox"/> PTY	<input type="checkbox"/> SCC	\$	\$ 400.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	%	\$ 400.00	\$
<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	\$	%	\$	\$
<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	\$	%	\$	\$
SUBTOTALS					\$	\$	\$	\$		\$	\$

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

4000.00

NET \$

4000.00

NET \$

4000.00

NET \$

4000.00

NET \$

4000.00

NET \$

4000.00

NET \$

4000.00

†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 Summary

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period (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.) Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

Statement covers period

from 7-1-15

through 12-31-15

Page 8 of 9

I.D. NUMBER

1379440

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

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Douglas F. HANCOCK

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
- ND 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Punchwood Repogramatics 3061 Waver Blvd Suite 130 Beverly Hills	LIT			566.60
Arlene P. A. 472W No. Box 4856 Antioch CA 94531	CNS			3779.00
MARCUS M. HANCOCK 441 CLAYBANK ST ORANGE	WEB			1937.50
SUBTOTAL \$				6283.10

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$
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.) **TOTAL \$ 7755.00**

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period
from 7-1-15
through 12-31-15

Page 9 of 9

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

1379440

Ronald F. Harante

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

CODE	DESCRIPTION	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CNP	campaign paraphernalia/misc.	MER	member communications		
CNS	campaign consultants	MITG	meetings and appearances		
CTB	contribution (explain nonmonetary)*	OFC	office expenses		
CVC	civic donations	PET	petition circulating		
FIL	candidate filing/ballot fees	PHO	phone banks		
FND	fundraising events	POL	polling and survey research		
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		
LEG	legal defense	PRO	professional services (legal, accounting)		
LIT	campaign literature and mailings	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)				

423.09

875.90

50.00

163.66

Fast Signs
300 Sunset Dr
San Jose

Tri (of) yves morning Parkway
Phuntwood
Calif

Secretary
STATE

FED X

LIT

FND

LIT

LIT

SUBTOTAL \$ 1472.00

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