

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
 from 5/22/16
 through 6/2/16

Date of election if applicable:
 (Month, Day, Year)
6/7/16

Date Stamp
FILED
 16 JUN - 6 AM 11:4
 QUINCY COUNTY
 ELECTION DEPARTMENT
 Page 1 of 9
 For Official Use Only
 CALIFORNIA
 2001/02
460
 FORM

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

- Offesholder, 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/Offesholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
1379440
 Friends of Doug Hardcastle for Supervisor 2016

STREET ADDRESS (NO P.O. BOX)
4847 Lone Tree Way, Suite C
 CITY STATE ZIP CODE AREA CODE/PHONE
Antioch CA 94531 925-755-5053
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
info@doughardcastle.com
 OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Kim Jones
 MAILING ADDRESS
4668 Cove Lane
 CITY STATE ZIP CODE AREA CODE/PHONE
Discovery Bay CA 94505 925-360-8672
 NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
 CITY STATE ZIP CODE AREA CODE/PHONE
 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 6/5/16
 Date

Executed on 6/5/15
 Date

Executed on _____
 Date

Executed on _____
 Date

[Signature]
 Signature of Treasurer or Assistant Treasurer

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

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

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

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Douglas F Hardcastle
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Contra Costa County Supervisor District 3
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1189 Main Street Oakley CA 94561

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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<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
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

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

SUMMARY PAGE

Statement covers period
from 5/22/16
through 6/2/16

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends of Hardcastle for Supervisor 2016

CALIFORNIA
FORM
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I.D. NUMBER
1379440

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 1,300	\$ 22,785.16
2. Loans Received	Schedule B, Line 3 1,000	12,500.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 2,300	\$ 35,285.16
4. Nonmonetary Contributions	Schedule C, Line 3 1,400	8,825.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 3,700	\$ 44,110.16

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

6. Payments Made	Schedule E, Line 4 \$ 2,511.13	\$ 35,575.00
7. Loans Made	Schedule H, Line 3 -0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2,511.13	\$ 35,575.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	-0-
10. Nonmonetary Adjustment	Schedule G, Line 3 1,400	8,825.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 3,911.13	\$ 44,400.00

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 \$ 689.29	
13. Cash Receipts	Column A, Line 3 above 2,300.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	
15. Cash Payments	Column A, Line 8 above 2,511.13	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 478.16	

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).

LOAN GUARANTEES RECEIVED

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 \$ 16,500	

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/AS-K-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

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

Statement covers period
from 5/22/16
through 6/2/16

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SCHEDULE A

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Friends of Hardcastle for Supervisor 2016
I.D. NUMBER: 1379440

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
5/23/16	Robert E. Brandt 8100 Brentwood Blvd. Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self, Bill Brandt Ford	150.00	150.00	
5/24/16	Enrico Cingulini 1650 O'Hara Avenue Oakley, CA 9451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	400.00	
5/31/16	Ken Rickner 1841 Holub Lane Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self, Plasterer	100.00	100.00	
5/31/16	Sal Sbranti 335 Granite Circle Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
6/1/16	Ronald R. Reagan 1951 Jubilee Drive Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self, Reagan Management Services	500.00	500.00	
SUBTOTAL \$				1050.00		

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

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals.) \$ 1,300.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ -0-
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,300.00

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from 5/22/16
through 6/2/16

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SCHEDULE A (CONT.)

CALIFORNIA
FORM
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NAME OF FILER

Friends of Hardcastle for Supervisor 2016

I.D. NUMBER
1379440

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TOP DATE <small>(IF REQUIRED)</small>
6/2/16	Servpro of Antioch 2101 W. 10th Street, Suite E Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
		<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				
SUBTOTAL \$				250.00		

*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

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

Statement covers period
from 5/22/16
through 6/2/16

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SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Hardcastle for Supervisor 2016

FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	(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
Douglas Hardcastle 361 Home Lane Oakley, CA 94561	self	\$ 15,500	\$ 1000	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 16500 DATE DUE _____	_____% RATE	\$ 4000 DATE INCURRED _____	\$ 12,500 PERELECTION** CALENDAR YEAR
<input checked="" 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	_____% RATE	_____% RATE	_____% RATE	\$ _____ PERELECTION** CALENDAR YEAR
<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	_____% RATE	_____% RATE	_____% RATE	\$ _____ PERELECTION** CALENDAR YEAR
SUBTOTALS \$		1,000 \$	-0- \$	16,500 \$	-0-			

Schedule B Summary

- Loans received this period \$ 1,000.00
(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 \$ 1,000.00**
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 9)

Contributor Codes
IND - Individual
COM - Recipient Committee
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.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from 5/22/16
through 6/2/16

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CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Hardcastle for Supervisor 2016

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TODAY (IF REQUIRED)
5/24/16	Mesa Outdoor 696 San Ramon Valley Blvd., #192 Danville, CA 94526	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Highway 4 Electronic Sign	1,400.00	1,400.00	
SUBTOTAL \$					1,400.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 1,400.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ -0-
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 1,400.00

*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 E
Payments Made**

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

Statement covers period
from 5/22/16
through 6/2/16

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends of Hardcastle for Supervisor 2016

I.D. NUMBER
1379440

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

- OMP campaign paraphernalia/misc.
- ONS 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
- MER 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
AT&T	OFC		Telephone, internet for HQ	149.65
Antioch Herald 101 H Street, Waldie Plaza, Suite 3 Antioch, CA 94509	PRT		Ad in The Press Newspapers	511.20
Brentwood News 1700 Cavallo Road Antioch, CA 94509	PRT		Advertising	487.50
SUBTOTAL \$				1,148.35

* 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.) \$ 2,508.63
2. Unitemized payments made this period of under \$100 \$ 52.50
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 \$** 2,511.13

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

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

SCHEDULE E (CONT.)

Statement covers period
from 5/22/16
through 6/2/16

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FORM
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends of Hardcastle for Supervisor 2016

I.D. NUMBER
1379440

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 | FET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FL | 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
Brentwood Reprographics 3361 Walnut Blvd., Suite 130 Brentwood, CA 94513	LIT		Flyer printing	310.28
Edward Givans 4851 Lone Tree Way Antioch, CA 94531	CMP		T-Shirt printing	130.00
Antioch Herald 101 H Street, Waldie Plaza, Suite 3 Antioch, CA 94509	PRT		Ad in Antioch Herald	920.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1,360.28**