

# 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 4/24/16  
through 5/21/16

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

Date Stamp  
**FILED**  
16 JUN -6 AM 11:43  
SANTA ROSA COUNTY  
ELECTION DEPARTMENT  
CALIFORNIA  
2001/02  
FORM  
Page 1 of 3  
Official Use Only  
**460**

COVER PAGE

### 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 Candidate/Offesholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled Sponsored (Also Complete Part 6)

### 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
  - Supplemental Preelection Statement - Attach Form 495
- Monetary contributions of \$500 & in-kind of \$750 weren't reported

### 3. Committee Information

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

I.D. NUMBER  
1379440

#### 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

STREET ADDRESS (NO P.O. BOX)  
4847 Lone Tree Way, Suite C

MAILING ADDRESS  
Antioch CA 94531 925-755-5053

CITY STATE ZIP CODE AREA CODE/PHONE  
info@doughardcastle.com

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  
By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 6/5/15 Date  
By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Official of Sponsor

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officer/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
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
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 \_\_\_\_\_  
 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 <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.

CALIFORNIA  
FORM **460**

SUMMARY PAGE

Statement covers period  
from 4/24/16  
through 5/21/16

Page        of       

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

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 \$ 8,797.00	\$ 21,485.16
2. Loans Received .....	Schedule B, Line 3 -0-	11,500.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 8,797.00	\$ 32,985.16
4. Nonmonetary Contributions .....	Schedule C, Line 3 2,425.00	7,425.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 9,972.00	\$ 40,410.16

### 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 \$ 11,176.07	\$ 33,063.87
7. Loans Made .....	Schedule H, Line 3 -0-	-0-
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 11,176.07	\$ 33,063.87
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 -0-	-0-
10. Nonmonetary Adjustment .....	Schedule G, Line 3 2,425.00	7,425.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 6 + 9 + 10 \$ 12,851.07	\$ 40,548.87

### 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 \$ 3,068.36	
13. Cash Receipts .....	Column A, Line 3 above 8,797.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 -0-	
15. Cash Payments .....	Column A, Line 8 above 11,176.07	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 689.29	

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

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

## 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 \$ 15,500	

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).

# Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 4/24/16  
through 5/21/16

Page        of       

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 ENTERED ID 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)
4/30/16	Mike Painter 171 Douglas Road Oakley, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
4/30/16	Stella Painter 171 Douglas Road Oakley, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
<b>SUBTOTAL \$</b>				<b>500.00</b>		

## Schedule A Summary

- Amount received this period – itemized monetary contributions:  
(Include all Schedule A subtotals.) ..... \$ 7,750.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1,047.00
- Total monetary contributions received this period:  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 8,797.00

\*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 C  
Nonmonetary Contributions Received**

Type or print in ink.  
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to whole dollars.

Statement covers period  
from 4/24/16  
through 5/21/16

**CALIFORNIA FORM 460**

Page        of       

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 TO DATE (IF REQUIRED)
5/3/16	The Golf Club at Roddy Ranch 1 Tour Way Antioch, CA 94531	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Room rental for fundraiser	750.00	750.00	
<b>SUBTOTAL \$</b>					<b>750.00</b>		

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 2,425.00
- 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 \$** 2,425.00

\*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