

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA 2001/02 FORM **460**

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For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

06/07/16

Statement covers period

from 01/01/16 through 04/23/16

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 (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/Officeholder Committee (Also Complete Part 7)

## 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 485

## 3. Committee Information

I.D. NUMBER  
1379440

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

Friends of Hardcastle for Supervisor 2016

## Treasurer(s)

NAME OF TREASURER

Kim Jones

MAILING ADDRESS

4688 Cove Lane

CITY

Discovery Bay

STATE

CA

ZIP CODE

94505

AREA CODE/PHONE

925-360-8672

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL 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 4-27-16 Date

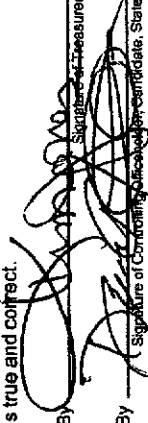
Executed on 4-27-16 Date

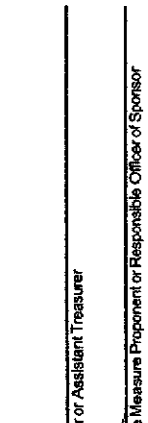
Executed on \_\_\_\_\_ Date

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

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

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

By  Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page — Part 2

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## 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<br>Friends of Hardcastle for Supervisor 2016 | I.D. NUMBER<br>1379440  |
| NAME OF TREASURER<br>Kirm Jones                             | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS<br>4847 Lone Tree Way Suite C             | STREET ADDRESS (NO P.O. BOX)  |
| CITY<br>Antioch   | STATE ZIP CODE AREA CODE/PHONE<br>CA 94531 925-755-5053                           |

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><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<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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  
01/01/16

from 04/23/16  
through

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FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Hardcastle for Supervisor 2016

I.D. NUMBER

1379440

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

|                                 | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions       | \$ 12488.16  | \$ 12488.16                                |
| 2. Loans Received               | 11500  | 11500                                      |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | \$ 23988.16  | \$ 23988.16                                |
| 4. Nonmonetary Contributions    | 5000   | 5000                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ 28988.16  | \$ 28988.16                                |

1/1 through 6/30 7/1 to Date

20. Contributions Received \$

21. Expenditures Made \$

## Expenditures Made

|                                    |             |             |
|------------------------------------|-------------|-------------|
| 6. Payments Made                   | \$ 21887.80 | \$ 21887.80 |
| 7. Loans Made                      | 0           | 0           |
| 8. SUBTOTAL CASH PAYMENTS          | \$ 21887.80 | \$ 21887.80 |
| 9. Accrued Expenses (Unpaid Bills) | 0           | 0           |
| 10. Nonmonetary Adjustment         | 5000        | 5000        |
| 11. TOTAL EXPENDITURES MADE        | \$ 26887.80 | \$ 26887.80 |

## 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          | \$ 768.00  |
| 13. Cash Receipts                   | 23988.16   |
| 14. Miscellaneous Increases to Cash | 0          |
| 15. Cash Payments                   | 21887.80   |
| 16. ENDING CASH BALANCE             | \$ 2868.36 |

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

17. LOAN GUARANTEES RECEIVED \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents \$ 15500  
19. 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 (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period  
from 1/1/16  
through 4/23/16

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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 (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) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 03/31/16      | Christopher Thorsen<br>1125 Kilamey Ln<br>Walnut Creek CA 94598                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Police Officer<br>City of Oakley   | 250                         | 250   | 250                                |
| 04/20/16      | Harriett Zych<br>436 Clearwood Dr<br>Oakley CA 94561   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 200                         | 200   | 200                                |
| 04/21/16      | Dave's Trailer Service<br>78 Ottawa Street<br>Oakley CA 94561                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250                         | 250   | 250                                |
| 02/20/16      | Monica Montgomery<br>10 Brooks Ct<br>Oakley CA 94561   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 300                         | 300   | 300                                |
| 04/14/16      | Ronald Rives<br>2211 Railroad Ave<br>Pittsburg CA 94565                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Law Offices of Rives &<br>Rives  | 250                         | 250   | 250                                |

**SUBTOTAL \$ 1,250**

\*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

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

Statement covers period  
from 1/1/16  
through 4/23/16  
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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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 04/13/16           | Sonnikson & Stordahl Construction Inc<br>4858 Sunrise Dr<br>Martinez CA 94553                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1500                        | 1500  | 1500                               |
| 03/31/16           | Joseph Garaventa<br>956 Ridge Dr<br>Concord CA 94518   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | COO<br>Garaventa Enterprises   | 1675                        | 1675  | 1675                               |
| 03/31/16           | Harold Bray<br>473 Coronation Dr<br>Brentwood CA 94513                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 250                         | 250   | 250                                |
| 03/31/16           | Anne Driscoll<br>4933 Eureka Mine Ct<br>Antioch CA 94531                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 100                         | 100   | 100                                |
| 03/31/16           | Alfred & Gloria Kappadahl<br>1940 Gilardy Drive<br>Concord CA 94518                          | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 1000                        | 1000  | 1000                               |
| <b>SUBTOTAL \$</b> |  |   |  | <u>4525.-</u>               |   |                                    |

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

**Schedule A Summary**  
1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ ~~4525.-~~  
2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$  
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** ~~4525.-~~

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

Statement covers period

from 1/1/16  
through 4/23/16

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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 (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) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 04/19/16      | Jeff Olsen<br>5266 Buttenwood Circle<br>Orangevale CA 95662                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | COO<br>Mark III  | 100                         | 100   | 100                                |
| 03/31/16      | Anthony Van Goor<br>2550 Risebridge Ct<br>Brentwood CA 94513                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Medical Director<br>Blue Shield of CA  | 125                         | 125   | 125                                |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |

**SUBTOTAL \$ 225.-**

\*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 A Monetary Contributions Received

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

SCHEDULE A

Statement covers period  
from 01/01/16  
through 04/23/16

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Hardcastle for Supervisor 2016

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 03/24/16           | Diablo Estates LLC<br>3820 Blackhawk Rd<br>Danville CA 94506                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1675                        | 1675  | 1675                               |
| 03/19/16           | Gayle Thurston<br>5355 Gold Creek Cir<br>Discovery Bay CA 94505                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 100                         | 100   | 100                                |
| 03/19/16           | Ross D Thurston<br>5355 Gold Creek Cir<br>Discovery Bay CA 94505                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | <i>Requested</i>   | 100                         | 100   | 100                                |
| 03/31/16           | Oakley Disposal Service Inc<br>PO Box 5397<br>Concord CA 94520                               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1675                        | 1675  | 1675                               |
| 03/28/16           | Ken Graunstadt Jr<br>1371 Main Street<br>Oakley CA 94561                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Recycler<br>Delta Scrap & Salvage  | 125                         | 125   | 125                                |
| <b>SUBTOTAL \$</b> |  |   |  | <u>3675</u>                 |   |                                    |

## Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 9675.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 2813.16
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 12488.16

\*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 01/01/16  
through 04/23/16

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I.D. NUMBER  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Hardcastle for Supervisor 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | AMOUNT<br>RECEIVED THIS<br>PERIOD | AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD *                                    | OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | INTEREST<br>PAID THIS<br>PERIOD | ORIGINAL<br>AMOUNT OF<br>LOAN | CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|--|---|--|-----------------------------------|--|--|---------------------------------|-------------------------------|--|
|  |   |  |                                   |  |  |                                 |                               |  |
| Douglas Hardcastle<br>361 Honey Lane<br>Oakley CA 94561                          | self  | \$ 4000  | \$ 11500                          | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN | \$ 15500   | % _____                         | \$ 4000                       | \$ 11500                               |
|  |   | \$ _____   | \$ _____                          | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN | \$ _____   | % _____                         | \$ _____                      | \$ 15500                               |
|  |   | \$ _____   | \$ _____                          | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN | \$ _____   | % _____                         | \$ _____                      | \$ _____                               |
| <b>SUBTOTALS \$</b>  |   |  |                                   |  |  |                                 |                               | <b>\$ 15500</b>                        |

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

**Schedule B Summary**

- Loans received this period ..... \$ 11500  
(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 \$ 11500**  
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.



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

**Schedule B - Part 1**  
**Loans Received**

Statement covers period  
 from 01/01/16  
 through 04/23/16

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SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

**Friends of Hardcastle for Supervisor 2016**

I.D. NUMBER  
**1379440**

| 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) | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD*                               | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE | PERELECTION** |               |               |
|---|--|---|-----------------------------|--|---|---------------------------|-------------------------|----------------------------------|---------------|---------------|---------------|
|   |  |   |                             |  |   |                           |                         |                                  | CALENDAR YEAR | PERELECTION** | CALENDAR YEAR |
| Douglas Hardcastle<br>361 Honey Lane<br>Oakley CA 94561                                 | self   | \$ 4000                                   | \$ 11500                    | <input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | \$ 15500                                    | %                         | \$ 4000                 | \$ 11500                         | CALENDAR YEAR | PERELECTION** |               |
|   |  | \$  | \$                          | <input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | \$  | %                         | \$                      | \$                               | CALENDAR YEAR | PERELECTION** |               |
|   |  | \$  | \$                          | <input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | \$  | %                         | \$                      | \$                               | CALENDAR YEAR | PERELECTION** |               |
| <b>SUBTOTALS \$</b>   |  |   |                             |  |   |                           |                         | <b>\$ 15500</b>                  | <b>\$</b>     |               |               |

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

**Schedule B Summary**

- Loans received this period ..... \$ 11500  
 (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 \$ 11500**  
 Enter the net here and on the Summary Page, Column A, Line 2.

\*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.

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

CALIFORNIA  
FORM **460**

Statement covers period  
from 01/01/16  
through 04/23/16

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
**1379440**

**Friends of Hardcastle for Supervisor 2016**

| 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) |
|--------------------|--|---|--|----------------------------------|--------------------------|---|------------------------------------|
| 03/24/16           | Century Plaza Development Corp<br>1800 Willow Pass Court<br>Concord CA 94520                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Automall Sign Advertisement      | 1000                     | 1000  | 1000                               |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                          |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                          |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                          |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  |                                  | <b>1000</b>              |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

1. Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 5000

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$ 0

3. 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 \$** 5000

\*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.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

CALIFORNIA  
FORM **460**

Statement covers period  
from 01/01/16  
through 04/23/16

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
**1379440**

Friends of Hardcastle for Supervisor 2016

| 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) |
|--------------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 01/10/16           | Larry McClure<br>Rogue River LLC<br>2495 Holly Oak Dr<br>Danville CA 94506                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Office Rent                      | 1000                      | 1000  | 1000                               |
| 02/10/16           | Larry McClure<br>Rogue River LLC<br>2495 Holly Oak Dr<br>Danville CA 94506                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Office Rent                      | 1000                      | 2000  | 2000                               |
| 03/10/16           | Larry McClure<br>Rogue River LLC<br>2495 Holly Oak Dr<br>Danville CA 94506                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Office Rent                      | 1000                      | 3000  | 3000                               |
| 04/10/16           | Larry McClure<br>Rogue River LLC<br>2495 Holly Oak Dr<br>Danville CA 94506                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Office Rent                      | 1000                      | 4000  | 4000                               |
| <b>SUBTOTAL \$</b> |  |   |  |                                  |                           | <b>4000</b>                                       |                                    |

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) ..... \$

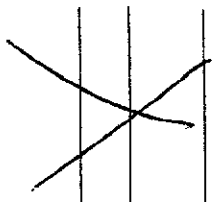
2. Amount received this period – unitemized nonmonetary contributions of less than \$100

..... \$

3. 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 \$**

\*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.

CALIFORNIA  
FORM **460**

Statement covers period  
from 01-01-16  
through 01-28-16  
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I.D. NUMBER  
1379440

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Hardcastle for Supervisor 2016

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MEM | 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  |
| LT  | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID    |
|---|------|----|------------------------|----------------|
| Rogue River LLC<br>2495 Holly Oak Dr<br>Danville CA 94506           | ofc  |    | HQ office rent         | 3800           |
| Fast Signs<br>1388 Sunset Dr<br>Antioch CA 94509                    | cmp  |    | Signs                  | 1270.22        |
| Allen Payton<br>PO Box 4856<br>Antioch CA 94531                     | cns  |    | Consulting             | 2350           |
|   |      |    | <b>SUBTOTAL \$</b>     | <b>7420.22</b> |

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 21811.25
- Unitemized payments made this period of under \$100 ..... \$ 76.55
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 21887.80

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

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

CALIFORNIA  
FORM  
**460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER

1379440

Statement covers period  
from 01-01-14  
through 04-30-14

Friends of Hardcastle for Supervisor 2016

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

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>CMP campaign paraphernalia/misc.</li> <li>CNS campaign consultants</li> <li>CTB contribution (explain nonmonetary)*</li> <li>CVC civic donations</li> <li>FIL candidate filing/ballot fees</li> <li>FND fundraising events</li> <li>IND independent expenditure supporting/opposing others (explain)*</li> <li>LEG legal defense</li> <li>LIT campaign literature and mailings</li> </ul> | <ul style="list-style-type: none"> <li>MBR member communications</li> <li>MTG meetings and appearances</li> <li>OFC office expenses</li> <li>FET petition circulating</li> <li>PHO phone banks</li> <li>POL polling and survey research</li> <li>POS postage, delivery and messenger services</li> <li>PRO professional services (legal, accounting)</li> <li>PRT print ads</li> </ul> | <ul style="list-style-type: none"> <li>RAD radio airtime and production costs</li> <li>RFD returned contributions</li> <li>SAL campaign workers' salaries</li> <li>TEL t.v. or cable airtime and production costs</li> <li>TRC candidate travel, lodging, and meals</li> <li>TRS staff/spouse travel, lodging, and meals</li> <li>TSF transfer between committees of the same candidate/sponsor</li> <li>VOT voter registration</li> <li>WEB information technology costs (internet, e-mail)</li> </ul> |
|--|--|---|

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT   | AMOUNT PAID    |
|---|------|----|--------------------------|----------------|
| James Otten<br>225 POTRERO STREET<br>SUISUN CITY, CA 94585          | cns  |    | Consulting               | 3000           |
| Brentwood Press<br>248 Oak Street<br>Brentwood CA 94513             | prt  |    | Newspaper Ads            | 3744           |
| AT&T  | ofc  |    | Telephone, internet & TV | 464.94         |
| PG&E  | ofc  |    | Electricity              | 184.23         |
| Sallie Goetsch<br>OAKLEY, CA  | pro  |    | Webmaster                | 2500           |
| <b>SUBTOTAL \$</b>  |      |    |                          | <b>9893.17</b> |

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

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

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

Statement covers period  
from 01-01-14  
through 04-23-14

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I.D. NUMBER  
1379440

CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of Hardcastle for Supervisor 2016

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CAP | 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                |
| 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  |
| LT  | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)       | CODE | OR | DESCRIPTION OF PAYMENT   | AMOUNT PAID    |
|---|------|----|--|----------------|
| Brentwood Reprographics<br>3361 Walnut Blvd Ste 130<br>Brentwood CA 94513 | jit  |    | postcards  | 569.46         |
| Registrar of Voters<br>555 Escobar St<br>Martinez CA 94553                | fil  |    | Candidate filing and statement fees                            | 2003           |
| Marcus Machado<br>5041 Claremont Ct<br>Oakley CA 94561                    | cmp  |    | Graphic design   | 150            |
| Antioch Herald<br>101 H Street Waldie Plaza Ste 3<br>Antioch CA 94509     | prt  |    | Newspaper Advertising in Antioch Herald and<br>Brentwood Press | 1530.40        |
| Allen Payton<br>PO Box 4856<br>Antioch CA 94531                           | pos  |    | Postage  | 245            |
| <b>SUBTOTAL \$</b>  |      |    |  | <b>4497.86</b> |

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