

Recipient Committee Campaign Statement Cover Page

DATE STAMP
FILED
MAY 26 AM 9:31
CONTRA COSTA COUNTY ELECTION DEPARTMENT

CALIFORNIA FORM 460
Page 3 of 33
For Official Use Only

Date of election if applicable (Month, Day, Year)
06-07-2016

Statement covers period from 04-24-2016 through 05-21-2016

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 (Also Complete Part 5)
 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

3. Committee Information

I.D. NUMBER: 1380712

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
Odessa Lefrancois

STREET ADDRESS (NO P.O. BOX):
4228 Amargosa Drive

CITY: Antioch STATE: Ca ZIP CODE: 94531 AREA CODE/PHONE: 925 727-9646

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
3709 Royal Ann Drive

CITY: Ceres STATE: Ca ZIP CODE: 95307 AREA CODE/PHONE: 209 918-2764

Treasurer(s)
NAME OF TREASURER: Barbara L. Hughey
MAILING ADDRESS: 3709 Royal Ann Drive
CITY: Ceres STATE: Ca ZIP CODE: 95307 AREA CODE/PHONE: 209 918-2764

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 05-23-2016 Date: 5/26/16
 Executed on _____ Date: _____
 Executed on _____ Date: _____
 Executed on _____ Date: _____

By: Barbara L. Hughey Signature of Treasurer or Assistant Treasurer
 By: Odessa Lefrancois Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By: _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By: _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

CALIFORNIA
FORM **460**

Page 5 of 33

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Odessa Lefrancois

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Supervisor, Contra Costa County District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
P.O. Box 3911 Antioch Ca. Ca. 94531

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	<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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from 04-24-2016

through 05-21-2016

CALIFORNIA FORM 460

Page 7 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Odessa Lefrancois

I.D. NUMBER

1380712

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1,140.00	\$ 1,140.00
2. Loans Received..... Schedule B, Line 3	N/A	N/A
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 1,140.00	\$ 1,140.00
4. Nonmonetary Contributions..... Schedule C, Line 3	N/A	N/A
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 1,140.00	\$ 1,140.00

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

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

20. Contributions Received	\$ 1,140.00	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 2,312.22	\$ 2,312.22
7. Loans Made..... Schedule H, Line 3	N/A	N/A
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2,312.12	\$ 2,312.22
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	N/A	N/A
10. Nonmonetary Adjustment..... Schedule C, Line 3	N/A	N/A
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 2,312.22	\$ 2,312.22

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(# Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

06 / 07 / 16 \$ \$

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2,607.20
13. Cash Receipts..... Column A, Line 3 above	1,140.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	N/A
15. Cash Payments..... Column A, Line 8 above	2,312.22
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,434.98

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ N/A

Cash Equivalents and Outstanding Debts

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

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**

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from 04-24-2016 through 05-21-2016

Page 9 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Odessa Lefrancois

I.D. NUMBER

1380712

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)
04-24-2016	Raynard Howell 221 Babbling Brook Way Pittsburg, Ca. 94565-1788	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pastor American Family Center	\$200.00		
04-25-2016	Emmanuel Ogunleye Pittsburg, Ca. 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board Member LMCHD	\$200.00		
05-2-2016	Ike & Rose Onyeagocha 2427 Woodhill Drive Pittsburg, Ca. 94565-7346	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R. N. Contra Costa Regional Medical Center	\$350.00	\$450.00	
05-2-2016	Ben Agu 5003 Sundance Way Antioch, Ca. 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R.N. Resp. Therapist Contra Costa Regional Medical Center	\$100.00	\$200.00	
05-14-2016	Janet D. Frost-King 3029 Ferngrove Way Antioch, Ca. 94531-6642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00		
SUBTOTAL \$				950.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1050.00
- Amount received this period - unitemized monetary contributions of less than \$100\$ 90.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1140.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

Page 11 of 33

I.D. NUMBER

1380712

Statement covers period
from 04-24-2016
through 05-21-2016

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)
05-21-2016	Jumoke Akim-Taylor 2404 Spyglass 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	City of San Francisco	\$100.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				\$100.00		

*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**

Statement covers period
from 04-24-2016
through 05-21-2016

Amounts may be rounded
to whole dollars.

**CALIFORNIA
FORM
460**

Page 21 of 33

I.D. NUMBER
1380712

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Odessa Lefrancois

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
IND 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paper Tiger /Ready Print 182 E. Leland Road Pittsburg, Ca. 94565	PRT			\$1,262.22
Lanita Mims 210 Kate Lane Oakley, Ca. 94561	SAL			\$125.00
Juaquin Sanchez SR. 2804 Pistachio Court Antioch, Ca. 94509-7340	SAL			\$250.00
			SUBTOTAL \$	1,636.00

* 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.) \$ 2,312.22
- Unitemized payments made this period of under \$100..... \$ N/A
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ N/A
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 2,312.22

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>04-24-2016</u> through <u>05-21-2016</u>		CALIFORNIA 460 FORM	
		Page <u>23</u> of <u>33</u>	
NAME OF FILER Odessa Lefrancois		I.D. NUMBER 1380712	

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brentwood Press 248 Oak Street Brentwood, Ca. 94513	PRT			\$575.00
Cynthia Washington 3790 West Benjamin Holt Drive #15 Stockton, Ca.	SAL			\$100.00
SUBTOTAL \$				675.00

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