

ODESSA

COVER PAGE

# Recipient Committee Campaign Statement Cover Page

DATE Stamp

CALIFORNIA FORM **460**

Page 1 of 11

For Official Use Only

16 APR 27 PM 3:20

CONTRA COSTA COUNTY  
ELECTION DEPARTMENT

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

06-07-2016

Statement covers period

from 01-01-2016 through 04-23-2016

SEE INSTRUCTIONS ON REVERSE

**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

**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

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)

**3. Committee Information**

I.D. NUMBER: 1380712

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

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

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 04-24-2016 Date

Executed on 4/27/2016 Date

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

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

By Barbara L. Hughey Signature of Treasurer or Assistant Treasurer

By Odessa Lefrancois Signature of Controlling Officerholder, 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

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

CALIFORNIA  
FORM

**460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Odesse Lefrancois  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Supervisor District 3 Contra Costa County  
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
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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

CALIFORNIA  
FORM **460**

Statement covers period  
from 01-01-2016  
through 04-23-2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Odessa Lefrancois

I.D. NUMBER

1380712

## 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 \$ 9,785.00

21. Expenditures Made \$ 9,227.80

### Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 9,785.00	\$ 9,785.00
2. Loans Received..... Schedule B, Line 3	N/A	N/A
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 9,785.00	\$ 9,785.00
4. Nonmonetary Contributions..... Schedule C, Line 3	N/A	N/A
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 9,785.00	\$ 9,785.00

### Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 9,227.80	\$ 9,227.80
7. Loans Made..... Schedule H, Line 3	N/A	N/A
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 9,227.80	\$ 9,227.80
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	\$ 9,227.80	\$ 9,227.80

### Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2,050.00
13. Cash Receipts..... Column A, Line 3 above	\$ 9,785.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	N/A
15. Cash Payments..... Column A, Line 8 above	\$ 9,227.80
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,607.20

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

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

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(if subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy) 06 / 07 / 16 Total to Date \$ 9,227.80

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.

Amounts may be rounded to whole dollars.

**Schedule A  
Monetary Contributions Received**

Statement covers period  
from 01-01-2016  
through 04-23-2016

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER Odessa Lefrancois  
I.D. NUMBER 1380712

CALIFORNIA FORM **460**

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)
01-05-2016	Barbara L. Hughey 3709 Royal Ann Drive Ceres, Ca. 95307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00		
01-11-2016	Willie J. Mims 954 Newcastle Way Pittsburg, Ca. 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200.00		
01-11-2016	Public Employees Union Local #1 420 N. Wiget Lane, Walnut Creek, Ca. 94598	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Education Committee I.D. 760790	\$5,000.00		
02-05-2016	Alice Huffman 32 Still Harbor Court Sacramento, Ca. 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President AC Public Affairs Co., INC	\$250.00		
02-12-2016	Louis Lefrancois 4228 Amargosa Drive Antioch, Ca. 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Respiratory Therapist Contra Costa Regional Medical Center	\$1,000.00		
<b>SUBTOTAL \$</b>				<b>6550.00</b>		

\*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 Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 8,650.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 1,135.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 9,785.00

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01-01-2016  
through 04-23-2016

CALIFORNIA  
FORM **460**

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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)
02-14-2016	Angela Stevenson 4521 Fallon Way Antioch, Ca. 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Pittsburg Unified School District	\$100.00		
02-20-2016	Charles Glasper JR. 2354 Galloway Court Antioch, Ca. 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager SAHA	\$100.00		
02-20-2016	Ike 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	\$100.00		
02-20-2016	M. Griffith 3317 Kodiak Street Antioch Ca. 94531-7177	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Griffith Enterprises 3754 Sailboat Drive Discovery Bay, Ca. 94505	\$100.00		
02-28-2016	Gilles & Yolande Lefrancois 40895 Bandera St. Fremont, Ca. 94539-3815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00		
<b>SUBTOTAL \$</b>				<b>500.00</b>		

\*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**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

CALIFORNIA  
FORM **460**

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Statement covers period  
from 01-01-2016  
through 04-23-2016

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)
03-11-2016	AHI SOLUTIONS INC, 400 29TH STREET NO. 208 OAKLAND, CA. 94609	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed	\$100.00		
03-13-2016	Mozelle M. Adams 260 Benjamin Ave Pittsburg, Ca. 94565-4102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00		
03-14-2016	Raymond O. Odunlami 3313 Kodiak Street Antioch, Ca. 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer	\$500.00		
03-16-2016	Evelyn S. Desoto 4105 Diorite Ct. Antioch, Ca. 94531-9372	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Respiratory Therapist	\$200.00		
03-20-2016	Carrie Frazier 2001 Villa Drive Bay Point, Ca. 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00		
<b>SUBTOTAL \$</b>				<b>1,000.00</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
from 01-01-2016  
through 04-23-2016

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I.D. NUMBER  
1380712

DATE RECEIVED	NAME OF FILER	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)
04-14-2016	Odessa Lefrancois	Joseph Adebayo 5109 Goleta Ct. Antioch, Ca.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant	\$500.00		
04.14-2016		Lamar Anderson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$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				
<b>SUBTOTAL \$</b>					<b>\$600.00</b>		

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

Amounts may be rounded to whole dollars.

**Schedule E Payments Made**

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
AABCO PRINTING 1300 GALAXY WAY STE. 20 CONCORD, CA. 94520-4922	PRT		\$404.39
Wedgewood Wedding & Banquet Center, at the Brentwood Golf Center 100 Summerset Drivw Brentwood Ca. 94513	FND		\$1055.65
Profusion Products PO Box 747 Ferndale, Wa. 98248	WEB		\$239.80
<b>SUBTOTAL \$</b>			<b>\$1699.84</b>

\* 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.) ..... \$ 9,227.80
2. Unitemized payments made this period of under \$100 ..... \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 9,227.80**



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

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01-01-2016</u> through <u>04-23-2016</u>	CALIFORNIA FORM <b>460</b>
Page <u>89</u> of <u>103</u>	I.D. NUMBER <b>1380712</b>

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.	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
PAPER TIGER/READY PRINT 182 E. LELAND ROAD PITTSBURG, CA. 94565	PRT			\$259.42
PECAN PIE PRODUCTIONS 3288 21ST STREET SUITE 239 SAN FRANCISCO, CA, 94110	PRT			\$800.00
FYI MEDIA 14859 HWY 4 STE. A101 DISCOVERY BAY, CA. 94505	PRT			\$148.50
ROSS PRINTING & GRAPHICS 5147 LONE TREE WAY ANTIOCH, CA 94531	PRT			\$381.15
ROSS PRINTING & GRAPHICS 5147 LONE TREE WAY ANTIOCH, CA. 94531	PRT			\$2,556.05
<b>SUBTOTAL \$</b>				<b>4145.12</b>

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

Amounts may be rounded to whole dollars.

**Schedule E  
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Odessa Lefrancois

Statement covers period from 01-01-2016 through 04-23-2016

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I.D. NUMBER: 1380712

**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  
 CNB 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                    POS polling and survey research      TRS staff/spouse travel, lodging, and meals  
 IND independent expenditure supporting/opposing others (explain)\*      PRO 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
CONTRA COSTA COUNTY, REGISTRAR OFFICE 555 ESCOBAR STREET MARTINEZ, Ca. 94553	FIL			\$1015.00
CONTRA COSTA COUNTY, REGISTRAR OFFICE 555 ESCOBAR STREET MARTINEZ, Ca. 94553	FIL			\$1044.00
PAPER TIGER/READY PRINT 182 E. LELAND ROAD PITTSBURG, Ca. 94565	PRT			\$664.90
			<b>SUBTOTAL \$</b>	<b>2,723.90</b>

**Schedule E Summary**

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

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

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01-01-2016  
through 04-23-2016

CALIFORNIA FORM **460**

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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.                                  | 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
PAPER TIGER/READY PRINT 182. E. LELAND ROAD PITTSBURG, CA. 94565	PRT			\$259.42
STAPLES 1850 COUNTRYSIDE DRIVE TURLOCK, CA. 95380	OFC			\$152.07
LANITA MIMS 210 KATE LANE OAKLEY, CA. 94561	SAL			\$187.50
PROFUSION PO BOX 747 FERNDALE, WA. 98248	WEB			\$59.95

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

**SUBTOTAL \$** \$658.94