

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp  
**FILED**  
JAN - 3 PM 12: 01  
CONTRA COSTA COUNTY  
ELECTION DEPARTMENT  
CALIFORNIA  
FORM  
**460**  
Official Use Only  
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SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 05-28-2016 through 06-03-2016

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

**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 Candidate/Officeholder Committee (Also Complete Part 6)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

**2. Type of Statement:**

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

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Lefrancois, Contra Costa County Supervisor Candidate 2016

I.D. NUMBER  
1380712

**Treasurer(s)**

NAME OF TREASURER  
Barbara L. Hughey

MAILING ADDRESS  
3709 Royal Ann Drive

STREET ADDRESS (NO P.O. BOX)  
P.O. Box 3911

CITY  
Antioch STATE  
Ca ZIP CODE  
94531-3911 AREA CODE/PHONE  
925 727-9646

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY  
Ceres STATE  
Ca ZIP CODE  
95307 AREA CODE/PHONE  
209 918-2764

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 06-03-2016 Date

Executed on 6/3/16 Date

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

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

By Barbara L. Hughey Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

**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 | CONTROLLED COMMITTEE?   |
|--|-------------|---|
| NAME OF TREASURER                              |             | <input type="checkbox"/> YES <input type="checkbox"/> NO                          |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |             |   |
| CITY STATE ZIP CODE AREA CODE/PHONE            |             |   |
| COMMITTEE NAME                                 | I.D. NUMBER |   |
| NAME OF TREASURER                              |             | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |             |   |
| CITY STATE ZIP CODE AREA CODE/PHONE            |             |   |

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 | <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.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Odessa Lefrancois

## Contributions Received

|                                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|------------------------------------|--|--|
| 1. Monetary Contributions          |  |  |
| 2. Loans Received                  |  |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS     | \$ 00  | .00  |
| 4. Nonmonetary Contributions       | N/A  | N/A  |
| 5. TOTAL CONTRIBUTIONS RECEIVED    | \$ 00  | .00  |
| 6. Expenditures Made               | \$ 00  | .00  |
| 7. Loans Made                      |  |  |
| 8. SUBTOTAL CASH PAYMENTS          | \$ 00  | .00  |
| 9. Accrued Expenses (Unpaid Bills) | N/A  | N/A  |
| 10. Nonmonetary Adjustment         | \$ 00  | .00  |
| 11. TOTAL EXPENDITURES MADE        | \$ 00  | .00  |

## Current Cash Statement

|  |   |             |
|--|---|-------------|
| 12. Beginning Cash Balance                                       | Previous Summary Page, Line 16                | \$ 3,217.82 |
| 13. Cash Receipts  | Column A, Line 3 above                        | 00          |
| 14. Miscellaneous Increases to Cash                              | Schedule I, Line 4                            | N/A         |
| 15. Cash Payments  | Column A, Line 8 above                        | 00          |
| 16. ENDING CASH BALANCE  | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 3,217.82 |
| <i>If this is a termination statement, Line 16 must be zero.</i> |   |             |
| 17. LOAN GUARANTEES RECEIVED                                     | Schedule B, Part 2                            | N/A         |
| 18. Cash Equivalents   | Add Line 2 + Line 9 in Column B above         | N/A         |
| 19. Outstanding Debts  | See instructions on reverse                   | N/A         |

Statement covers period  
from 05-26-2016  
through 06-03-2016

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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 | \$ 00            | \$ 00       |
| 21. Expenditures Made      | \$ 00            | \$ 00       |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*<br>(if subject to Voluntary Expenditure Limit) | Date of Election<br>(mm/dd/yy) | Total to Date |
|--|--------------------------------|---------------|
|  | 06 / 07 / 16                   | \$ 00         |
|  |                                | \$ 00         |

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.