

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Type or print in ink. **ORIGINAL**

**CALIFORNIA 460
FORM**

Date Stamp
RECEIVED
MAR 25 2008 de
CONTRA COSTA COUNTY
ELECTIONS

Page 1 of 2
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
6/3/08

Statement covers period
from 1/1/08
through 3/17/08

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
- Primarily Formed Ballot Measure Committee
- Recall
- Controlled
- Sponsored
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee
- Officeholder Committee

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
Not Yet Received

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Don Parscaal '08

Treasurer(s)

NAME OF TREASURER
Dan Russell

MAILING ADDRESS
86 Alpije Ct.

CITY
Brentwood CA

STATE ZIP CODE AREA CODE/PHONE
CA 94513 925-516-6625

NAME OF ASSISTANT TREASURER, IF ANY
Brentwood

MAILING ADDRESS
Brentwood

STREET ADDRESS (NO P.O. BOX)
4235 Briones Valley Road

CITY
Brentwood

STATE ZIP CODE AREA CODE/PHONE
CA 94513 925-516-2190

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

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 3/24/08 Date
Executed on 3/24/08 Date
Executed on _____ Date
Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] 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**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Don Pارسال

OFFICE SOUGHT ~~OFFICE~~ (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Costa Costa County Supervisor Dist. 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

4235 Briones Valley Rd., Brentwood, CA 94513

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?
 YES 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	<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**

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

SUMMARY PAGE

CALIFORNIA **460**
FORM

Statement covers period
from 1/1/08
through 3/17/08

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Don Rarsaud '08 I.D. NUMBER Not Yet Received

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 1,630	\$ 1,630
2. Loans Received	\$ 3,015	\$ 3,015
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 4,645	\$ 4,645
4. Nonmonetary Contributions	\$ -0-	\$ -0-
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 4,645	\$ 4,645

**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	\$ 4,506	\$ 4,506
7. Loans Made	\$ -0-	\$ -0-
8. SUBTOTAL CASH PAYMENTS	\$ 4,506	\$ 4,506
9. Accrued Expenses (Unpaid Bills)	\$ -0-	\$ -0-
10. Nonmonetary Adjustment	\$ -0-	\$ -0-
11. TOTAL EXPENDITURES MADE	\$ 4,506	\$ 4,506

**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
____/____/____	\$ _____
____/____/____	\$ _____

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ -0-
13. Cash Receipts	Column A, Line 3 above	\$ 4,645
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ -0-
15. Cash Payments	Column A, Line 8 above	\$ 4,506
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 139

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).

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ -0-
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See Instructions on reverse	\$ -0-
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

**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 1/1/08
through 3/17/08

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Don Pussal 108

I.D. NUMBER

Not Yet Received

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)
2/8/08	Special Events 295 S. Vasco Rd. Livermore, CA 94550	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$480-	\$480-	\$480-
2/27/08	Patricia Richardson 1774 Seal Way Discovery Bay, CA 94514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000-	1,000-	1,000-
3/10/08	Bradley Warren 290 Rakenbacher Cir. #440 Livermore, CA 94551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Warren & Associates	100-	100-	100-
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ 1,580-
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 50-
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4,630

*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.

SCHEDULE B - PART 1

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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Committee to Elect Don Parscal '08

I.D. NUMBER
Pending

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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<i>Don Parscal 4235 Briones Valley Rd. Brentwood, CA 94513</i>	<i>CEO Lioness, Inc.</i>	<i>\$ -0-</i>	<i>\$ 3,015</i>	<input type="checkbox"/> PAID <i>\$ -0-</i> <input type="checkbox"/> FORGIVEN <i>\$ -0-</i>	<i>\$ 3,015</i>	<i>0%</i>	<i>\$ 3,015</i>	<i>\$ 3,015</i>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	CALENDAR YEAR PER ELECTION**
		SUBTOTALS		<i>\$ -0-</i>	<i>\$ 3,015</i>	<i>\$ -0-</i>	<i>\$ 3,015</i>	

Schedule B Summary

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

- Loans received this period \$ 3,015
(Total Column (b) plus unfunded 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 \$** 3,015
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.

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Don Parscal '08

Statement covers period
from *1/1/08*
through *3/17/08*

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I.D. NUMBER
Pending

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

CMP campaign paraphernalia/misc.
MTG 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
RED 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
<i>Precision Signz 1055 Valley Drive Bettendorf, IA 52722</i>	<i>CMP</i>		<i>\$1,245-</i>
<i>Centra Costa County Clerk 555 Escobar St. Martinez, CA 94553</i>	<i>FIL</i>		<i>3,210-</i>
SUBTOTAL \$			<i>4,455</i>

* 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.) \$ *4,455*
- Unitemized payments made this period of under \$100 \$ *51*
- 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 \$** *4,506*