



# California Fair Political Practices Commission

JUNE 10, 1988  
May 1988

CHANGED  
DO  
ORIGINAL

George Stameroff, Treasurer  
Parnell for Assembly  
11 San Rafael Ave.  
San Anselmo, CA 94960-2119

RE: Your Request for Advice  
Our File No. A-88-179

Dear Mr. Stameroff:

You have requested advice on behalf of Frank Parnell regarding the campaign provisions of the Political Reform Act of 1974.<sup>1/</sup>

## QUESTIONS

- 1) Was it appropriate for Frank Parnell, a candidate for state Assembly, to file the Form 470 on March 22, 1988?
- 2) Are Dr. Parnell and his controlled committee required to file a Form 490 by May 26, 1988?

## CONCLUSIONS

- 1) If Dr. Parnell did not intend to receive or spend \$1,000 for the entire calendar year 1988, and he did not have a controlled committee by March 17, 1988, the Form 470 was the appropriate form to file on March 22, 1988.
- 2) Since Dr. Parnell subsequently created a controlled committee, the committee and Dr. Parnell were required to file a consolidated campaign statement (Form 490) by May 26, 1988, covering the period January 1, 1988 through May 21, 1988. I provided this information to you by telephone on May 23, 1988.

## FACTS

On March 22, 1988, Frank Parnell, a candidate for the state Assembly, filed a Form 470 (Officeholder and Candidate Campaign Statement -- Short Form) with the Marin County Registrar. He also sent a Form 470 to the Secretary of State. On March 24, 1988, Dr. Parnell filed a Form 410, Statement of Organization, for "Parnell for Assembly."

<sup>1/</sup>Government Code Sections 81000-91015. All statutory references are to the Government Code unless otherwise indicated. Commission regulations appear at 2 California Code of Regulations Section 18000, *et seq.* All references to regulations are to Title 2, Division 6 of the California Code of Regulations.

Prior to March 17, 1988, Dr. Parnell had not received, nor had he spent, \$1,000 or more toward his campaign, excluding filing fees paid for with personal funds.

#### ANALYSIS

In addition to semi-annual filing requirements set forth in Section 84200, "during an even-numbered year, all elected state officers, all state candidates being voted upon on the first Tuesday after the first Monday in June or November, [and] their controlled committees ... shall file the preelection statements [according to the filing schedule] specified in Section 84200.7." (Section 84200.5(a).) (Emphasis added.)

A candidate who does not have a controlled committee and who "plans to receive contributions of less than \$1,000 and who plans to make expenditures of less than \$1,000 in a calendar year may file a short form campaign statement for that calendar year." (Regulation 18406.) The Commission has developed the Form 470 as the candidates' short form for reporting purposes. ("Information Manual on Campaign Disclosure Provisions of the Political Reform Act of 1974," page 108.)

If, after filing a Form 470, the candidate is required to file the long form (Form 490) for any reason, the period covered by the Form 490 will be January 1 through the closing date of the next regular campaign disclosure statement required to be filed by the candidate. ("Information Manual on Campaign Disclosure Provisions of the Political Reform Act," page 12.)

A candidate for the state Legislature must file his or her campaign statements at the following places:

- (1) The original and one copy with the Secretary of State.
- (2) Two copies with the clerk of the county with the largest number of registered voters in the district affected.
- (3) Two copies with the clerk of the county in which the candidate is domiciled.

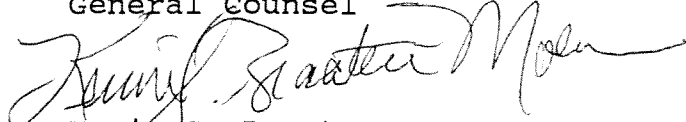
(Section 84215.)

Stameroff, George  
Page Three

If you have any additional questions, please call me at  
(916) 322-5662.

Sincerely,

Diane M. Griffiths  
General Counsel

A handwritten signature in cursive script, appearing to read "Kevin S. Braaten-Moen". The signature is written in black ink and is positioned above the typed name of the signatory.

By: Kevin S. Braaten-Moen  
Political Reform Consultant

# GEORGE STAMEROFF

CERTIFIED PUBLIC ACCOUNTANT  
M.B.A. - TAXATION  
A PROFESSIONAL CORPORATION

MAY 12 2 41 PM '88

May 5, 1988

(415) 459-5555

11 SAN RAFAEL AVE., SAN ANSELMO, CA 94960-2119

Diane Griffiths, General Counsel  
Fair Political Practices Commission  
428 J Street, Suite 800  
P.O. Box 807  
Sacramento, CA 95814

Dear Ms. Griffiths:

This letter is to request clarification of the filing requirements under the Political Reform Act which are applicable to Doctor Frank Parnell, a candidate for the -Ninth Assembly District. Specifically, I seek to determine if the filing requirements for the period of January 1 - March 17, 1988 were met with Doctor Parnell's filing of a form 470. The facts are summarized below:

- On March 22, 1988 Frank Parnell, M.D. filed a form 470 with the Marin County Registrar. He also sent a form 470 to the Secretary of State.

- On March 24, 1988 Frank Parnell, M.D. filed a form 410, Statement of Organization for "Parnell for Assembly."

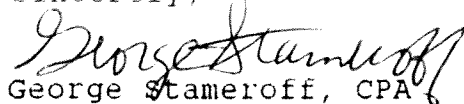
- Prior to and including March 17, 1988 Frank Parnell M.D. had not received or spent \$1,000.00 or more toward his campaign (excluding filing fees paid for with personal funds).

Copies of the above forms are enclosed for your information.

Given the above facts, it is my understanding that the form 470 was the appropriate form to file for the January 1 - March 17, 1988 reporting period. It is also my understanding that if campaign expenditures by Frank Parnell, M.D. and Parnell for Assembly exceed the amount of \$1,000.00 by the end of the next reporting period on May 21, 1988, that we will be required to file a form 490 for the period of January 1 - May 21, 1988 no later than May 26, 1988.

I would appreciate your written response to the above question of whether the form 470 was the correct form to use for the reporting period of January 1 - March 17, 1988. If you have any questions regarding this request, please feel free to contact me, George Stameroff, Campaign Treasurer, at (415) 459-5555.

Sincerely,

  
George Stameroff, CPA  
Treasurer  
Parnell for Assembly



FORM 470  
1988

CANDIDATE AND OFFICEHOLDER  
CAMPAIGN STATEMENT — SHORT FORM

(Government Code Section 84206)

For use by candidates and officeholders who do not have a controlled committee\* and who will not receive \$1,000 or more in contributions and will not spend \$1,000 or more during the entire calendar year.

A OFFICIAL USE ONLY

Type or Print in Ink

Period Covered: Calendar Year 19 88

NAME OF CANDIDATE OR OFFICEHOLDER

Francis W. Parnell

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Assembly 9th District

RESIDENTIAL ADDRESS NO AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

38 Sir Francis Drake Boulevard, Ross, CA 94957 415-459-0771

BUSINESS ADDRESS NO AND STREET CITY STATE ZIP CODE AREA CODE BUSINESS PHONE NUMBER

599 Sir Francis Drake Blvd, Greenbrae, CA 94904 415-461-1036

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)

June 7, 1988

LIST ALL COMMITTEES OF WHICH YOU HAVE KNOWLEDGE WHICH ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

COMMITTEE NAME AND ID NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Presently being formed.		

\*Officeholders whose salary is less than \$100 per month and judges, who have a controlled committee, may use this form under certain circumstances. See the "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," for further information.

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge, during the calendar year, less than \$1,000 will be received and less than \$1,000 will be expended by myself and that I have used all reasonable diligence in preparing this statement.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March 22, 1988 at Greenbrae, CA 94904

by *Francis W. Parnell*  
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)



Form 410  
1988

FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH:

Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812 1467

AND ONE COPY TO:

The city or county officer, if any, with whom the original campaign disclosure statements

### STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Section 84101 84103)

IF AMENDMENT ENTERED NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE: **PARNELL FOR ASSEMBLY**

STREET ADDRESS OF COMMITTEE: **38 SIR FRANCIS DRAKE BLVD ROSS CA 94957** COUNTY: **MAXIN**

MAILING ADDRESS (IF DIFFERENT): **P.O. BOX 608 ROSS CA 94957**

DATE QUALIFIED AS COMMITTEE (MO. DAY, YR.): **3-24-88** AREA CODE: **415** PHONE NUMBER: **461-1036**

#### I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME AND ADDRESS AND MAILING ADDRESS, IF DIFFERENT	(AREA CODE)	BUSINESS PHONE NO.
TREASURER	<b>GEORGE STAMEROFF</b>	<b>(415)</b>	
	<b>11 SAN RAFAEL AVE</b>		<b>459-5535</b>
	<b>SAN ANSELMO, CA 94960</b>		

Attach additional information on appropriately labeled continuation sheets

#### II IS THIS A CONTROLLED COMMITTEE?

(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

YES (Complete the following and proceed to Part III)  NO

NAME OF CONTROLLING CANDIDATE, NAME OF THE ELECTIVE OFFICE SOUGHT OR HELD AND DISTRICT NUMBER, IF ANY. IF THIS COMMITTEE IS CONTROLLED BY MORE THAN ONE CANDIDATE, THE NAME OF EACH CONTROLLING CANDIDATE MUST BE LISTED. IF THIS COMMITTEE IS CONTROLLED BY A STATE MEASURE PROPONENT, NAME OF THE STATE MEASURE PROPONENT MUST BE LISTED.

**FRANCIS W. PARNELL, M.D.**

**CANDIDATE**

**NINTH ASSEMBLY DISTRICT**

Attach additional information on appropriately labeled continuation sheets

#### III IS THIS COMMITTEE ACTING JOINTLY WITH OTHER COMMITTEES?

YES (Complete the following and proceed to Part V)  NO

NAMES OF COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY. ALSO PROVIDE THE COMMITTEE'S IDENTIFICATION NUMBERS OR THE TREASURERS' NAMES AND PERMANENT STREET ADDRESSES.


Attach additional information on appropriately labeled continuation sheets

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

NAME OF COMMITTEE \_\_\_\_\_

IV IS THIS A SPONSORED COMMITTEE? (Refer to the instructions on the reverse side for definitions and rules regarding the name of a sponsored committee.)

NO

YES (Provide name and address of sponsor. If the committee has more than one sponsor, provide the name and address of each sponsor on an attachment. Also check one of the classifications below.)

Name of Sponsor: \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_

CLASSIFICATION OF SPONSORED COMMITTEE BY INDUSTRY GROUP OR AFFILIATION (Check one box):

- Agriculture       Education       Entertainment/Recreation       Finance/Insurance       Health
- Industrial/Manufacturing       Labor       Legal       Merchandise/Retail       Oil/Gas       Public Employe
- Real Estate       Trade       Transportation       Utilities
- Other: \_\_\_\_\_

V IF PRIMARILY FORMED TO SUPPORT OR OPPOSE SPECIFIC CANDIDATES OR MEASURES, LIST SPECIFIC CANDIDATES OR MEASURES SUPPORTED OR OPPOSED.

CANDIDATE'S NAME/MEASURE'S FULL TITLE INCLUDING BALLOT NUMBER OR LETTER	SUPPORT	OPPOSE	OFFICE SOUGHT OR HELD BY CANDIDATE OR MEASURE'S JURISDICTION (Include district number, city or county as applicable)

Attach additional information on appropriately labeled continuation sheets

VI COMMITTEE'S PRINCIPAL ACTIVITY IF NOT SUPPORTING OR OPPOSING SPECIFIC CANDIDATES OR MEASURES -- PLEASE CHECK BOX TO INDICATE THE COMMITTEE'S LEVEL OF ACTIVITY:  CITY       COUNTY       STATE

Attach additional information on appropriately labeled continuation sheets

VII YOU MUST SPECIFY WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS IN THE EVENT OF TERMINATION.

*In accordance with Elections Code Section 12400. etc reg.*

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed the Statement and to the best of knowledge the information contained herein 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 \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_ (Signature of Treasurer)

Executed on 3/24/88 at Ross, CA by \_\_\_\_\_ (Signature of Controlling Candidate, Officeholder or State Measure Proponent)



# California Fair Political Practices Commission

May 13, 1988

George Stameroff  
Certified Public Accountant  
11 San Rafael Avenue  
San Anselmo, CA 94960-2119

Re: 88-179

Dear Mr. Stameroff:

Your letter requesting advice under the Political Reform Act was received on May 12, 1988 by the Fair Political Practices Commission. If you have any questions about your advice request, you may contact me directly at (916) 322-5662.

We try to answer all advice requests promptly. Therefore, unless your request poses particularly complex legal questions, or more information is needed, you should expect a response within 21 working days if your request seeks formal written advice. If more information is needed, the person assigned to prepare a response to your request will contact you shortly to advise you as to the information needed. If your request is for informal assistance, we will answer it as quickly as we can. (See Commission Regulation 18329 (2 Cal. Code of Regs. Sec. 18329).)

You also should be aware that your letter and our response are public records which may be disclosed to the public upon receipt of a proper request for disclosure.

Very truly yours,

*Jeanne Pritchard*  
(sd)

Jeanne Pritchard  
Chief  
Technical Assistance and Analysis  
Division

JP:plh

# GEORGE STAMEROFF

CERTIFIED PUBLIC ACCOUNTANT  
M.B.A. — TAXATION  
A PROFESSIONAL CORPORATION

MAY 12 2 41 PM '88

May 5, 1988

(415) 459-5555

11 SAN RAFAEL AVE., SAN ANSELMO, CA 94960-2119

Diane Griffiths, General Counsel  
Fair Political Practices Commission  
428 J Street, Suite 800  
P.O. Box 807  
Sacramento, CA 95814

Dear Ms. Griffiths:

This letter is to request clarification of the filing requirements under the Political Reform Act which are applicable to Doctor Frank Parnell, a candidate for the Ninth Assembly District. Specifically, I seek to determine if the filing requirements for the period of January 1 - March 17, 1988 were met with Doctor Parnell's filing of a form 470. The facts are summarized below:

- On March 22, 1988 Frank Parnell, M.D. filed a form 470 with the Marin County Registrar. He also sent a form 470 to the Secretary of State.

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- Prior to and including March 17, 1988 Frank Parnell M.D. had not received or spent \$1,000.00 or more toward his campaign (excluding filing fees paid for with personal funds).

Copies of the above forms are enclosed for your information.

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Sincerely,

  
George Stameroff, CPA  
Treasurer  
Parnell for Assembly

Enclosures



FORM 470  
1988

CANDIDATE AND OFFICEHOLDER  
CAMPAIGN STATEMENT — SHORT FORM

(Government Code Section 84206)

For use by candidates and officeholders who do not have a controlled committee\* and who will not receive \$1,000 or more in contributions and will not spend \$1,000 or more during the entire calendar year.

A OFFICIAL USE ONLY

Type or Print in Ink

Period Covered: Calendar Year 19 88

NAME OF CANDIDATE OR OFFICEHOLDER

Francis W. Parnell

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Assembly 9th District

RESIDENTIAL ADDRESS NO AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

38 Sir Francis Drake Boulevard, Ross, CA 94957 415-459-0771

BUSINESS ADDRESS NO AND STREET CITY STATE ZIP CODE AREA CODE BUSINESS PHONE NUMBER

599 Sir Francis Drake Blvd, Greenbrae, CA 94904 415-461-1036

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)

June 7, 1988

LIST ALL COMMITTEES OF WHICH YOU HAVE KNOWLEDGE WHICH ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

COMMITTEE NAME AND ID NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Presently being formed.		

\*Officeholders whose salary is less than \$100 per month and judges, who have a controlled committee, may use this form under certain circumstances. See the "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," for further information.

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge, during the calendar year, less than \$1,000 will be received and less than \$1,000 will be expended by myself and that I have used all reasonable diligence in preparing this statement.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March 22, 1988 (DATE)

at Greenbrae, CA 94904

by *Francis W. Parnell* (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act."



Form 410  
1988

FILE AN ORIGINAL AND ONE  
COPY OF THIS FORM WITH:

Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812 1467

AND ONE  
COPY OF THIS FORM WITH:

The city or county officer, if any,  
with whom the original campaign disclosure  
statements

### STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Section 84101, 84103)

IF AMENDMENT  
ENTER ID NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE:

**PARNELL FOR ASSEMBLY**

STREET ADDRESS OF COMMITTEE:  
(NO P.O. BOX)

NO. AND STREET

CITY

STATE

ZIP CODE

COUNTY

**38 SIR FRANCIS DRAKE BLVD ROSS CA 94957 MARIN**

MAILING ADDRESS (IF DIFFERENT)

NO. AND STREET (OR P.O. BOX)

CITY

STATE

ZIP CODE

**P.O. Box 608 KISS CA 94957**

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.):

**3-24-88**

AREA CODE

PHONE NUMBER

A OFFICIAL USE ONLY

B OFFICIAL USE ONLY

**415-461-1036**

#### I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME AND ADDRESS AND MAILING ADDRESS, IF DIFFERENT	(AREA CODE)	BUSINESS PHONE NO.
TREASURER	<b>GEORGE STAMEROFF</b>	<b>(415)</b>	
	<b>11 SAN RAFAEL AVE</b>		<b>459-5550</b>
	<b>SAN ANSELMO, CA 94960</b>		

Attach additional information on appropriately labeled continuation sheets

#### II IS THIS A CONTROLLED COMMITTEE?

(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

YES (Complete the following and proceed to Part III)  NO

NAME OF CONTROLLING CANDIDATE, NAME OF THE ELECTIVE OFFICE SOUGHT OR HELD AND DISTRICT NUMBER, IF ANY. IF THIS COMMITTEE IS CONTROLLED BY MORE THAN ONE CANDIDATE, THE NAME OF EACH CONTROLLING CANDIDATE MUST BE LISTED. IF THIS COMMITTEE IS CONTROLLED BY A STATE MEASURE PROPONENT, NAME OF THE STATE MEASURE PROPONENT MUST BE LISTED.

**FRANCIS W. PARNELL, M.D.**

**CANDIDATE**

**NINTH ASSEMBLY DISTRICT**

Attach additional information on appropriately labeled continuation sheets

#### III IS THIS COMMITTEE ACTING JOINTLY WITH OTHER COMMITTEES?

YES (Complete the following and proceed to Part V)  NO

NAMES OF COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY ALSO PROVIDE THE COMMITTEE'S IDENTIFICATION NUMBERS OR THE TREASURERS' NAMES AND PERMANENT STREET ADDRESSES

Attach additional information on appropriately labeled continuation sheets

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

IV IS THIS A SPONSORED COMMITTEE? (Refer to the instructions on the reverse side for definitions and rules regarding the name of a sponsored committee.)

- NO
YES (Provide name and address of sponsor. If the committee has more than one sponsor, provide the name and address of each sponsor on an attachment. Also check one of the classifications below.)

Name of Sponsor:
Address of Sponsor:

CLASSIFICATION OF SPONSORED COMMITTEE BY INDUSTRY GROUP OR AFFILIATION (Check one box):

- Agriculture, Education, Entertainment/Recreation, Finance/Insurance, Health, Industrial/Manufacturing, Labor, Legal, Merchandise/Retail, Oil/Gas, Public Employee, Real Estate, Trade, Transportation, Utilities, Other:

V IF PRIMARILY FORMED TO SUPPORT OR OPPOSE SPECIFIC CANDIDATES OR MEASURES, LIST SPECIFIC CANDIDATES OR MEASURES SUPPORTED OR OPPOSED.

Table with 3 columns: CANDIDATE'S NAME/MEASURE'S FULL TITLE INCLUDING BALLOT NUMBER OR LETTER, SUPPORT, OPPOSE, OFFICE SOUGHT OR HELD BY CANDIDATE OR MEASURE'S JURISDICTION (Include district number, city or county, as applicable).

Attach additional information on appropriately labeled continuation sheets.

VI COMMITTEE'S PRINCIPAL ACTIVITY IF NOT SUPPORTING OR OPPOSING SPECIFIC CANDIDATES OR MEASURES -- PLEASE CHECK BOX TO INDICATE THE COMMITTEE'S LEVEL OF ACTIVITY: CITY, COUNTY, STATE

Attach additional information on appropriately labeled continuation sheets.

VII YOU MUST SPECIFY WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS IN THE EVENT OF TERMINATION.

In accordance with Elections Code Section 12400 et seq.

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed the Statement and to the best of knowledge the information contained herein 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 [Date] at [City and State] by [Signature]
Executed on 3/24/88 at Ross, CA by [Signature]