Recipient Committee			Тур	e or p	orint in ink.	_						COVER PAGE
Campaign Statement Cover Page						c	TY (Date	Stamp YNA	<u>.</u>	CALIFORNI 2001/02 FORM	[^] 460
(Government Code Sections 84200-842	16.5)		Statement covers period		Date of election if applicable:		57.1				Page —	
			from		(Month, Day, Year)	281	OCT	-3	A 11:	03	For Officia	al Use Only
SEE INSTRUCTIONS ON REVERSE			through 9/30/2012	_	11/6/2012					,	-	
1. Type of Recipient Committee:	All Committe	Oct. Complete Bo	tr 1 2 2 and 1		T							The Control of the Co
Officeholder, Candidate Controlle O State Candidate Election Com O Recall (Also Complete Part 5) General Purpose Committee Sponsored O Small Contributor Committee O Political Party/Central Commit	ed Commit imittee	itee	Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain belo	ninati w)	on)			□ sp □ su	uarterly Statem pecial Odd-Yea upplemental Pr atement - Attac	r Report eelection
3. Committee Information			I.D. NUMBER 801523		Treasurer(s)							
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO OXNARD FIREFIGHTERS LOCAL 168	O COMMITTE 34 PAC	E)			NAME OF TREASURER JOHN ALBIN							
					MAILING ADDRESS 249 CALLE LARIOS	•						
STREET ADDRESS (NO P.O. BOX) 249 CALLE LARIOS			***************************************		CITY CAMARILLO			STAT CA		CODE		CODE/PHONE 5) 660-1198
CAMARILLO	STATE CA	ZIP CODE 93010	AREA CODE/PHONE (805) 660-1198	÷	NAME OF ASSISTANT TREASURER,	IF AN	Y		W			
MAILING ADDRESS (IF DIFFERENT) NO. AND STRI 249 CALLE LARIOS	EET OR P.O.	BOX			MAILING ADDRESS		·····					· 7/4/00/12/20 1
CTY CAMARILLO	STATE CA	ZIP CODE 93010	AREA CODE/PHONE		CITY			STAT	E ZIP	CODE	AREA	CODE/PHONE
PTIONAL:FAX/E-MAIL ADDRESS johnalbin@verizon.net					OPTIONAL: FAX / E-MAIL ADDRESS Treasurer: JOHNALBIN®	VERI	ZON.	NET	· · · · · · · · · · · · · · · · · · ·			
I. Verification I have used all reasonable diligence in pure under penalty of perjury under the laws of Executed on 9/30/2012 Executed on Date Executed on Date	reparing and	d reviewing this of California tha	the foregoing is true and correct. By	ling Office	information contain enhere in and in the Signature of Treasurer or Assistant Treasurer shoulder, Candidate, State Measure Proponent or Ref	sponsib	e Officer c		s is true ar	id compl	lete. I certify	
Executed onDate			Bysig	nature of	Controlling Officeholder, Candidate, State Measure	Propon	ent		····	FPPC Toll	FPP(-Eree Helnline: 888/AS	Form 460 (January/06)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA
FORM 460

Officeholder or Candidate Controlled Committee	6.	6. Primarily Formed Bailot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE		•	NAMÉ OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APP	PLICABLE)	•	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	•	Identify the controlling office	ceholder, candidate, or state	measure pr	
Related Committees Not Included in this Statement		•	NAME OF OFFICEHOLDER, CANDID	ATE, OR PROPONENT		Philadelle .
Related Committees Not Included in this Statement: Lis not included in this statement that are controlled by you or are primarily formed contributions or make expenditures on behalf of your candidacy.	st any committees to receive		OFFICE SOUGHT OR HELD	**************************************	DISTRICT NO). IF ANY
COMMITTEE NAME	I.O. NUMBER	•			<u> </u>	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candio officeholder(s) or candidate(s) for w	date/Officeholder Commit hich this committee is primarily forme		st names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CAN!	DIDATE OFFICE SOUG	HT OR HELD	SUPPORT
CITY STATE ZIP CODE COMMITTEE NAME	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAN	DIDATE OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
·	I.D. NUMBER		NAME OF OFFICEHOLDER OR CAND	DIDATE OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CAND	DIDATE OFFICE SOUG	HT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		_				OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	•	Attach	continuation sheets if neces	ssary	

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 7/1/2012 through ______9/30/2012 of -14 .D. NUMBER

SEE INSTRUCTIONS ON REVERSE

OXNARD FIREFIGHTERS LOCAL 1684 PAC

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

801523 Column A Column B Contributions Received Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) TOTAL TO DATE Running in Both the State Primary and \$1,400.00 **General Elections** \$5,600.00 \$0.00 1/1 through 6/30 7/1 to Date 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$1,400.00 \$5,600.00 Received \$0.00 4. Nonmonetary Contributions Schedule C, Line 3 \$0.00 21. Expenditures Made \$1,400.00 \$5,600.00 **Expenditures Made Expenditure Limit Summary for State Candidates** 6. Payments Made Schedule E, Line 4 \$6,750.00 \$7,529.75 7. Loans Made Schedule H. Line 3 \$0.00 \$0.00 22. Cumulative Expenditures Made*

\$0.00

\$0.00

\$6,750.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$0.00 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 \$0.00 \$6,750.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$40,625.35 \$1,400.00 13. Cash Receipts Column A. Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 \$0.00 \$6,750.00 15. Cash Payments Column A. Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$35,275.35 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2

To calculate Column B. add amounts in Column A to the corresponding amount 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).

\$7,529.75

\$7,529.75

\$0.00

\$0.00

(If Subject to Voluntary Expenditure Limit)

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

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

Schedule A **Monetary Contributions Received**

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

	SCHEDULE A
Statement covers period	CALIFORNIA 460
from 7/1/2012	FORM 40U
through 9/30/2012	Page 4 of 14
	I.D. NUMBER

SEE INSTRUCTIONS	ON REVERSE			thro	ugh 9/30/2012	Page 4 of 14
NAME OF FILER OXNARD FIREF	IGHTERS LOCAL 1684 PAC					I.D. NUMBER 801523
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)
		IND COM OTH PTY Scc				
		IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				
		IND COM OTH PTY SCC				
			SUBTOTAL S			
Schedule A Su	ummary				*Contril	butor Codes
Amount recei (Include all Seconds)	ived this period - itemized monetary contributions. chedule A subtotals.)		<u>§</u>	\$0.00	IND - Ir	ndividual Recipient Committee
	ived this period - unitemized monetary contributions of less th			\$1,400.00		(other than PTY or SCC)

1.	Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$0.00
	Amount received this period - unitemized monetary contributions of less than \$100	\$1,400.00
3.	Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	\$1,400.00

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Schedule B - Part 1

** If required.

Type or print in ink. Amounts may be rounded

Ş	CHEDU	LE E	} -	PAI	₹T	1
						-

Loans Received			may be rounded ole dollars.		from	1/2012 9/30/2012	CALIFORM FORM	460
BEE INSTRUCTIONS ON REVERSE					through -	9/30/2012	Page _5	— of <u>14</u>
NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC					· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER 801523	
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
				☐ PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
			-	PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
				☐ PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
		SUBTOTAL	\$	\$ 9	3	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans of less tha	n \$100.)			\$0.0	00	*Con	tributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or for loa	given.)	······································	***********************	\$0.0	00	_ COM	Individual - Recipient Co (other than F	TY or SCC)
(Include loans paid by a third party that are also ite 3. Net change this period. (Subtract Line 2 from Line	1.)					I PTY	 Political Party 	usiness entity) utor Committee
Enter the net here and on the Summary Page, Coli	ımn A, Line 2.			(May	be a negative number)			
*Amounts forgiven or paid by another party also mus	st be reported on Schedule A.							

Schedule C SCHEDULE C Type or print in ink, Amounts may be rounded Statement covers period **Nonmonetary Contributions Received** CALIFORNIA to whole dollars. **FORM** 7/1/2012 from 9/30/2012 through -SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER OXNARD FIREFIGHTERS LOCAL 1684 PAC 801523 IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND CUMULATIVE TO DATE CONTRIBUTOR AMOUNT/ OCCUPATION AND EMPLOYER DESCRIPTION OF PER ELECTION ZIP CODE OF CONTRIBUTOR DATE (IF SELF-EMPLOYED, ENTER NAME FAIR MARKET TO DATE (IF REQUIRED) RECEIVED GOODS OR SERVICES CODE* CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) VALUE (JAN. 1 - DEC. 31) □ сом □ отн ☐ PTY □ scc □ сом □ отн ☐ PTY □ scc □ сом □ отн ☐ PTY ☐ scc □ сом □ отн ☐ PTY □ scc Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$

Schedule C Summary

1.	Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)		\$0.00
	Amount received this period - unitemized nonmonetary contributions of less than \$100		\$0.00
3.	Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	'Δ1	\$0.00

*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 D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEF INSTRUCTIONS ON REVERSE.

NAME OF FILER

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

Statement covers period 7/1/2012 from

CALIFORNIA FORM

SCHEDULE D

9/30/2012 through -

Page _7_

I.D. NUMBER

OXNARD FIRE	EFIGHTERS LOCAL 1684 PAC				801.523	
DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2012	BRYAN MACDONALD Office Description: CITY COUNCILJurisdiction: City CITY OF OXNARD Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CHECK	\$1,000.00	\$1,000.00	
8/15/2012	PINKARD IRENE Office Description: MAYORJurisdiction: City CITY OF OXNARD Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CHECK	\$1,000.00	\$1,000.00	
8/15/2012	HANNA BETH JACKSON State Senator District 19 Jurisdiction: State Senate District Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CHECK	\$500.00	\$500.00	
			SUBTOTA	L\$		
Schedule D	Summary					
Itemized co	ontributions and independent expenditures made this period. (Incl	ude all Schedule D s	ubtotals.)		<u>\$</u>	6,750.00
2. Unitemized	d contributions and independent expenditures made this period of t	under \$100		•••••••	<u>\$</u>	0.00
Total contri	ibutions and independent expenditures made this period. (Add Lin	nes 1 and 2. Do not e	enter on the Summary Page.)	*************************	<u> </u>	6,750.00

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE D (CONT
Statement covers period	california 460
from 9/30/2012 through	Page _8 of _14
	I.D. NUMBER 801523

NAME OF FILER
OXNARD FIREFIGHTERS LOCAL 1684 PAC

	Support Oppose	Independent Expenditure				
		Nonmonetary Contribution				
-, -5, 2012	Office Description: CITY TREASURERJurisdiction: City CITY OF OXNARD	Monetary Contribution	CHECK	\$1,000.00	\$1,000.00	
9/25/2012	Support Oppose	Independent Expenditure				
		Nonmonetary Contribution				
9/6/2012	DICK JAQUEZ BELLET SQUELIZATION Member City Council Jurisdiction: City CITY OF OXNARD	Monetary Contribution	CHECK	\$1,000.00	\$1,000.00	
	Support D Oppose	Independent Expenditure				
		Nonmonetary Contribution				
8/15/2012	FRAN PAVLEY State Senator District 27 Jurisdiction: State Senate District	Monetary Contribution	CHECK	\$1,000.00	\$1,000.00	- TST-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Support Doppose	Independent Expenditure				
		Nonmonetary Contribution				
8/15/2012	BILL BATEY State Assembly District 61 Jurisdiction: State Assembly District	Monetary Contribution	CHECK	\$250.00	\$500.00	
DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	NAME OF CANDIDATE, AND DISTRICT, OR				CIDAL! ATNE TO DATE	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from $\frac{7/1/2012}{\text{from}}$ $\frac{9/30/2012}{\text{through}}$ Page $\frac{9}{\text{of}}$ of $\frac{14}{\text{LD. NUMBER}}$ 801523

NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC

Support Oppose Centribution Oppose Support Oppose S	DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Nonmonetary Contribution Independent Expenditure Independent Ind	9/12/2012		Contribution Nonmonetary Contribution Independent	CHECK	\$1,000.00	\$1,000.00	
Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Nonmonetary Contribution Independent Independe		☐ Support ☐ Oppose	Nonmonetary Contribution				
Nonmonetary Contribution Independent		☐ Support ☐ Oppose	Nonmonetary Contribution				
SUBTOTAL\$		☐ Support ☐ Oppose	Nonmonetary Contribution				

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period from 7/1/2012 FORM 460

through 9/30/2012 Page 10 of 14

I.D. NUMBER 801523

SEE INSTRUCTIONS ON REVERSE NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC 801523 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. member communications RAD radio airtime and production 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 candidate filing/ballot fees FIL 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 PAYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID BRYAN MACDONALD ĊТВ CHECK \$1,000.00 355 S. G ST. OXNARD, CA 93010 COMMITTEE ID: 1301515 HANNA BETH JACKSON CTB CHECK \$500.00 PO BOX 92010 SANTA BARBARA, CA 93190 COMMITTEE ID: 1340467 BILL BATEY CHECK CTB \$250.00 6713 INDIANA AVE SUITE 57 RIVERSIDE, CA 92506 COMMITTEE ID: 1340813 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ Schedule E Summary Itemized payment made this period. (Include all Schedule E subtotals.) \$6,750.00 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.)

\$6,750.00

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2012

california 460

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

OXNARD FIREFIGHTERS LOCAL 1684 PAC

through 9/30/2012

I.D. NUMBER 801523

Page 11

CODES: If one of the following codes accurately descended 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 MTG OFC PET PHO POL POS PRO PRT	member comeetings a office experition circ phone bar polling and postage, comeeting and pos	ommunicati and appear enses culating hks d survey res delivery and	ons ances	Othe RAD RFD SAL TEL TRC TRS TSF VOT WEB	rwise, describe the paymeradio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and instaff/spouse travel, lodging, and transfer between committees of voter registration information technology costs (in	tion costs neals d meals f the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR DE	SCRIPTIO	N OF PAYMENT	AMOUNT PAID
IRENE PINKARD 2047 SPYGLASS TRAIL OXNARD, CA 93010 COMMITTEE ID: 1260544			CTB	CHECK			\$1,000.00
FRAN PAVLEY PO BOX 1833 AGORA HILLS, CA 91376 COMMITTEE ID: 1314513			CTB	CHECK			\$1,000.00
DICK JAQUEZ 1300 RACHEL DR OXNARD, CA 93030 COMMITTEE ID: 1348448	Adada da		CTE	CHECK			\$1,000.00
DANIE NAVAS 3500 TAFTRAIL LN CXNARD, CA 93035 COMMITTEE ID: 1309837			CTB	CHECK			\$1,000.00
VENTURA COUNTY DEMOCRATIC PARTY PO BOX 1587 CAMARILLO, CA 93011 COMMITTEE ID: 746162			CTB	CHECK			\$1,000.00
* Payments that are contributions or independent expenditures must also be	e summ	narized on S	ichedule D.			SUBTOT	AL\$

Schedule F **Accrued Expenses (Unpaid Bills)**

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

	_ SCHEDULE F
Statement covers period	CALIFORNIA ACO
rom	FORM 46U
hrough 9/30/2012	Page 12 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC

I.D. NUMBER 801523

COMEDIALE

CODES: If one of the following codes accurately des	cribes the payment, you	may enter the code.	Otherwise, desc	cribe the payment.	i
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 communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	RAD radio airtime and production 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(8) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD
F/// Carlo					
Expression for any expendiguitions or independent expenditures must also be summerized on Schedule D.	SUBTOTAL				
Schedule F Summary	SOBIOTAL	-		3	<u>\$</u>
Total accrued expenses incurred this period. (Include all Schedule F	, Column (b) subtotals for				

accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

\$0.00

\$0.00

\$0.00

(May be a negative number)

Schedule H Loans Made to Others*

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

	SCHEDULE H
Statement covers period	CALIFORNIA ACO
from	FORM 46U
through 9/30/2012	Page 13 of 14
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE OXNARD FIREFIGHTERS LOCAL 1684 PAC (a) OUTSTANDING (d) OUTSTANDING BALANCE AT IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (c) REPAYMENT OR (e) INTEREST (f) ORIGINAL (g) CUMULATIVE FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT OF RECIPIENT FORGIVENESS THIS PERIOD* BALANCE LOANED THIS (IF SELF-EMPLOYED, ENTER RECEIVED AMOUNT OF LOANS TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) BEGINNING THIS PERIOD PERIOD NAME OF BUSINESS) CLOSE OF THIS LOAN PERIOD PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION** DATE DUE DATE INCURRED PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION** DATE DUE DATE INCURRED *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must SUBTOTAL |\$ also be reported on Schedule E. (Enter (e) on Schedule I, Line 3)

Schedule H Summary

1.	Loans made this period	\$0.00	
2.	Payments received on loans	\$0.00	** If required.
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$0.00 (May be a negative number)	

Schedule	e	Type or print in in			SCHEDULE I		
Miscellaneous Increases to Cash		Amounts may be ro to whole dollar		Statement covers period from 7/1/2012	CALIFORNIA 460		
				9/30/2012	Page 14 of 14		
EE INSTRUCTIONS	through 57.307.2012						
AME OF FILER OXNARD FIREF	FIGHTERS LOCAL 1684 PAC				I.D. NUMBER 801523		
DATE REGEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF	FRECEIPT	AMOUNT OF INCREASE TO CASH		
				,			
				-			
			711.224.88				
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				SUBTOTAL	\$		
ichedule I Su	mmary				·		
. Itemized incr	eases to cash this period.	***************************************	***************************************	\$0.00	_		
	ncreases to cash of under \$100 this period.				_		
. Total of all in	terest received this period on loans made to others. (Schedule H,	Column (e).)		\$0.00	_		
. Total miscella Summary Pa	aneous increases to cash this period. (Add Lines 1, 2, and 3. Ente	er here and on the	т	OTAL \$0.00	_		