Recipie Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84218.5)

Statement covers period
from 05/23/2010
through 06/30/2010

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

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 Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

Treasurer(s)

NAME OF TREASURER
Roderick Thorp

MAILING ADDRESS
PO Box 5503

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93031

3. Committee Information

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Oxnard Firefighters For Better Govt

I.D. NUMBER 801523

STREET ADDRESS (NO P.O. BOX)

1212 S Victory Blvd

CITY STATE ZIP CODE AREA CODE/PHONE
Burbank CA 91502 (818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 5503

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93031

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 07/05/2010

By Roderick Thorp
Signature of Treasurer or Assistant Treasurer

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
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</table>

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<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary
**Contributions Received**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (From Attached Schedules)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$700.00</td>
<td>$4200.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$700.00</td>
<td>$4200.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$700.00</td>
<td>$4200.00</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (From Attached Schedules)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$250.00</td>
<td>$1250.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$250.00</td>
<td>$1250.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$250.00</td>
<td>$1250.00</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (From Attached Schedules)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$30429.38</td>
<td></td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>700.00</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$30679.38</td>
<td></td>
</tr>
</tbody>
</table>

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (From Attached Schedules)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

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**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

- Contributions Received: $__________
- Expenditures Made: $__________

**Expenditure Limit Summary for State Candidates**

- Cumulative Expenditures Made: $__________

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*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.

Statement covers period
from 05/23/2010
through 06/30/2010

Oxnard Firefighters For Better Govt
I.D. NUMBER
801523

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

SUBTOTAL $ 0

Schedule A Summary
1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .............................................................. $ 0

2. Amount received this period – unitemized monetary contributions of less than $100 .............................................................. $ 700.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .............................................................. TOTAL $ 700.00

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule D
**Summary of Expenditures**
**Supporting/Opposing Other Candidates, Measures and Committees**

**NAME OF FILER**
Oxnard Firefighters For Better Govt

**Statement covers period**
from 05/23/2010 through 06/30/2010

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/11/2010</td>
<td>Julia Brownley State Assembly State of California 41</td>
<td>☑ Monetary Contribution</td>
<td>☑ Support</td>
<td>250.00</td>
<td>250.00</td>
<td>250.00 G2010</td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 250.00**

### Schedule D Summary
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .................................................. $ 250.00
2. Unitemized contributions and independent expenditures made this period of under $100 .............................................................. $ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ............ TOTAL $ 250.00
**Schedule E**
Payments Made

**NAME OF FILER**
Oxnard Firefighters For Better Govt

**T.D. NUMBER**
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.
- 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)

<table>
<thead>
<tr>
<th>Payee</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julia Brownley For Assembly 2010 (41st AD)</td>
<td>CTB</td>
<td>-</td>
<td>250.00</td>
</tr>
<tr>
<td>728 W Edna Pl Covina CA 91722 ID: 1313506</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $ 250.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 250.00
2. Unitemized payments made this period of under $100 $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 250.00