1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [ ] Officalholder, 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
     (Also Complete Part 5)
   - [ ] Primarily Formed Candidate/Officelholder Committee
     (Also Complete Part 5)

2. Type of Statement:
   - [ ] Prelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     - [ ] Also file a Form 410 Termination
   - [ ] Amendment (Explain below)

   Made an error on report, we are unable to contribute to federal races. Contacted their campaign and they are returning our check. Changes to Report reflect the check not being contributed.

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
   Oxnard Firefighters for Better Government

   STREET ADDRESS (NO P.O. BOX):
   249 Calle Larios

   CITY:
   Camarillo
   STATE:
   CA
   ZIP CODE:
   93010
   AREA CODE/PHONE:
   (805) 660-1198

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
   249 Calle Larios

   CITY:
   Camarillo
   STATE:
   CA
   ZIP CODE:
   93010
   AREA CODE/PHONE:

   OPTIONAL: FAX/E-MAIL ADDRESS:
   johnalbin@verizon.net

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 3/19/2012

   By
   Signature of Treasurer or Assistant Treasurer

   By
   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
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>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</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 PROPONENT |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

7. Primarily Formed Candidate/Officeholder Committee

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

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>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$1,400.00</td>
<td>$1,400.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>$1,400.00</td>
<td>$1,400.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td>$1,400.00</td>
<td>$1,400.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$250.00</td>
<td>$250.00</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>$250.00</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>$250.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$37,205.10</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$1,400.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$250.00</td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td>$38,355.10</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

#### 22. Cumulative Expenditures Made

- **Date of Election**: [MM/DD/YYYY]
- **Total to Date**: [Amount]

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Schedule A
Monetary Contributions Received

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

<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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
   (Include all Schedule A subtotals.) ........................................... $0.00

2. 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.) ........................................... TOTAL $1,400.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
Schedule B - Part 1

Loans Received

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

Statement covers period
from __/__/2012 through __/__/2012

CALIFORNIA FORM 460

NAME OF FILER

Oxnard Firefighters for Better Government

I.D. NUMBER

801523

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER

IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER

NAME OF BUSINESS

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

☐ FORGIVEN

DATE DUE

DATE INCURRED

DATE DUE

DATE INCURRED

DATE DUE

DATE INCURRED

CALENDAR YEAR

PER ELECTION**

CALANDER YEAR

PER ELECTION**

CALANDER YEAR

PER ELECTION**

CALANDER YEAR

PER ELECTION**

IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

SUBTOTAL $ $ $ $ $ $ $ (Enter (e) on Schedule E Line 3)

Schedule B Summary

1. Loans received this period
   (Total Column (b) plus unitemized loans of less than $100.) $0.00

2. Loans paid or forgiven this period
   (Total Column (c) plus loans under $100 paid or forgiven.) $0.00
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) $0.00
   Enter the net here and on the Summary Page, Column A, Line 2.
   NET $0.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
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 C
Nonmonetary Contributions Received

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

NAME OF FILER: Oxnard Firefighters For Better Government

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>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0.00

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) ............................................................... $0.00

2. 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.) .................................... TOTAL $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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
**Schedule D**  
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

---

**NAME OF FILER**  
Oxnard Firefighters for Better Government

---

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, 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 CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 3/5/2012 | Jason Hodge  
State Assembly District 19  
Jurisdiction: State Assembly District |  - Support  
- Oppose | 19th Assembly District | $250.00 | $250.00 | 2012 P: $1,250.00 |

---

**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 ................................................................. $0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ................................................................. $250.00

---

FPPC Form 460 (January 05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule E
Payments Made

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**
OXNARD FIREFIGHTERS FOR BETTER GOVERNMENT

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly District 19 Primary</td>
<td>$250.00</td>
<td></td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF PAYEE**

Jason Rode for Assembly  
1020 12th Street #405  
Sacramento, CA 95814  
COMMITTEE ID: 1338760

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

**SCHEDULE E**

- Itemized payment made this period. (Include all Schedule E subtotals.) $250.00
- Unitemized payments made this period of under $100 $0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $250.00
**Schedule F**
**Accrued Expenses (Unpaid Bills)**

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

Statement covers period
from 1/1/2012 through 3/17/2012

**NAME OF FILER**
Oxnard Firefighters for Better Government

**NAME AND ADDRESS OF CREDITOR**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)  
   INCURRED TOTALS $0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)  
   PAID TOTALS $0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  
   NET $0.00

**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 ad
- 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)

**I.D. NUMBER**
801523
**Schedule H**

**Loans Made to Others**

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

**Statement covers period**

<table>
<thead>
<tr>
<th>From</th>
<th>Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2012</td>
<td>3/17/2012</td>
</tr>
</tbody>
</table>

CALIFORNIA FORM 460

Page 10 of 11

Name of Filer:
Oxnard Firefighters for Better Government

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Recipient (If Committee, Also Enter ID Number)</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Repayment or Forgiveness This Period</th>
<th>Interest Received</th>
<th>Original Amount of Loan</th>
<th>Cumulative Loans to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

Subtotal

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Schedule H Summary

1. Loans made this period

   (Total Column (b) plus unitemized loans of less than $100.)

   $0.00

2. Payments received on loans

   (Total Column (c) plus unitemized payments of less than $100.)

   $0.00

   ** If required.

3. Net change this period. (Subtract Line 2 from Line 1.)

   Enter the net here and on the Summary Page, Column A, Line 7.

   NET

   $0.00

   (May be a negative number)

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 800/ASK-FPPC (800/275-3772)
# Schedule I
## Miscellaneous Increases to Cash

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

**NAME OF FILER**
OXNARD FIREFIGHTERS FOR BETTER GOVERNMENT

**STATEMENT COVERS PERIOD**
- From 1/1/2012
- Through 3/17/2012

**FPPC Form 460**
Page 11 of 11

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Schedule I Summary

1. Itemized increases to cash this period. .......................................................... $0.00
2. Unitemized increases to cash of under $100 this period. .................................. $0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ......................................................... $0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .................................................. TOTAL $0.00