

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Report ID Number
801523

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 10/1/2012 through 10/20/2012	Date Stamp OCT 23 10:45	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) 11/6/2012		
<input type="checkbox"/> Amendment (Explain Below)		Page 1 of 3
		For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
801523

Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

OXNARD FIREFIGHTERS LOCAL 1684 PAC

NAME OF TREASURER

JOHN ALBIN

STREET ADDRESS (NO P.O. BOX)

249 CALLE LARIOS

MAILING ADDRESS

249 CALLE LARIOS

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

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CAMARILLO	CA	93010	(805) 660-1198

OPTIONAL: FAX / E-MAIL ADDRESS

johnalbin@verizon.net

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer: JOHNALBIN@VERIZON.NET

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE		SUPPORT	OPPOSE
			<input type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE SPECIAL EXEMPTIONS ACT	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
	32	STATEWIDE	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/2/2012	FIREFIGHTER PRINT AND DESIGN 1780 CREEKSIDE OAKS DR. SACRAMENTO, CA, 95833	TOTAL COSTS FOR DIRECT SLATE MAILER Memo Reference: 1	\$13,869.19	\$13,869.19

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	10/1/2012	
through	10/20/2012	Page 2 of 3
NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC		I.D. NUMBER (if recipient com.) 801523

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NAME OF FILER

OXNARD FIREFIGHTERS LOCAL 1684 PAC

I.D. NUMBER (if recipient com.)
801523

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	13,869.19
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period. (Add Lines 1 + 2.)	TOTAL \$	13,869.19

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER

JOHN ALBIN

ADDRESS (NO. AND STREET)

249 CALLE LARIOS

CITY STATE ZIP CODE

CAMARILLO CA 93010

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

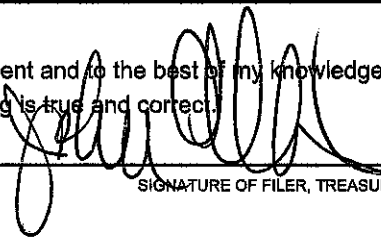
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and completed. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/20/2012
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Memo Reference: 1

INDEPENDENT EXPENDITURE FOR SLATE MAILER WITHIN THE CITY OF OXNARD
