

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 3

For Official Use Only

Date Stamp

SAN BUENA VENTURA
CITY CLERK

Date of election if applicable:

(Month, Day, Year) JUL 30 3 57 P

Statement covers period

from 1-1-09 through 6-30-09

SEE INSTRUCTIONS ON REVERSE

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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Prellection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
93-1175

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VENTURA POLICE OFFICERS' ASSOCIATION
POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)
1425 DOWELL DR

CITY STATE ZIP CODE AREA CODE/PHONE
VENTURA CA 93003 805 339-4496

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. BOX 5130

CITY STATE ZIP CODE AREA CODE/PHONE
VENTURA CA 93005 SAME

OPTIONAL: FAX / E-MAIL ADDRESS

JSNOWLING@VENTURAPD.ORG

Treasurer(s)

NAME OF TREASURER

JOHN SNOWLING

MAILING ADDRESS

SAME

CITY STATE ZIP CODE AREA CODE/PHONE

SAME

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 7-30-09 Date
By John Snowling Signature of Treasurer or Assistant Treasurer
Executed on _____ Date
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent
Executed on _____ Date
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VPOA PAC

Statement covers period

from 1-1-09

through 6-30-09

Page 2 of 3

I.D. NUMBER

93-1175

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 \$ 11,704.00 | \$ 11,704.00 |
| 2. Loans Received | Schedule B, Line 3 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 \$ 11,704.00 | \$ 11,704.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 \$ 11,704.00 | \$ 11,704.00 |

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

1/1 through 6/30 7/1 to Date

| | |
|----------------------------|----------|
| 20. Contributions Received | \$ _____ |
| 21. Expenditures Made | \$ _____ |

Expenditures Made

| | | |
|------------------------------------|---------------------------|---|
| 6. Payments Made | Schedule E, Line 4 \$ 0 | 0 |
| 7. Loans Made | Schedule H, Line 3 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 \$ 0 | 0 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 0 | 0 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 0 | 0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 \$ 0 | 0 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(# Subject to Voluntary Expenditure Limit)

| | | | |
|-----------------------------|-----|---------------|----------|
| Date of Election (mm/dd/yy) | / / | Total to Date | \$ _____ |
| | / / | | \$ _____ |

Current Cash Statement

| | |
|-------------------------------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 \$ 56,279.29 |
| 13. Cash Receipts | Column A, Line 3 above 11,704.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 0 |
| 15. Cash Payments | Column A, Line 8 above 0 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 67,983.29 |

If this is a termination statement, Line 16 must be zero.

| | |
|------------------------------|-------------------------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 \$ 0 |
|------------------------------|-------------------------|

Cash Equivalents and Outstanding Debts

| | |
|-----------------------|--|
| 18. Cash Equivalents | See instructions on reverse \$ 0 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above \$ 0 |

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

*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

CALIFORNIA
FORM **460**

Statement covers period
from 1-1-09
through 6-30-09

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

VPOA PAC

I.D. NUMBER
93-1175

| 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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/1-6/30/09 | SEE ATTACHED LIST OF NAMES 1425 DOWELL DR. VENTURA, CA 93003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | POLICE OFFICERS, CORPORALS, AND SERGEANTS | 11,704.00 | 11,704.00 | 11,704.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 11,704.00

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 0

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 11,704.00

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

| PAC Contr. | Members | 2009 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------|-------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Member's name | Change Date | P/E | P/E | P/E | P/E | P/E | P/E | P/E | P/E | P/E | P/E | P/E | P/E | P/E |
| Wilson, Christopher | 12/26/08 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |
| Wojnarowski, Jeffrey | | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |
| Young, Joshua | | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |
| Totals: | | 976.00 | 976.00 | 976.00 | 968.00 | 976.00 | 976.00 | 976.00 | 976.00 | 976.00 | 976.00 | 976.00 | 976.00 | 976.00 |
| Total Deductions: | | \$11,704.00 | | | | | | | | | | | | |

122 MEMBERS JUN. 09