

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp  
**SAN BUENA VENTURA CITY CLERK**  
 08 MAR 12 P1 35

Page 1 of 3  
 For Official Use Only

Type or print in ink.

Statement covers period  
 from 11-03-2007  
 through 12-31-2007

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

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 Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER  
94-3809

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

Ventura City Firefighters for a Better Community

### Treasurer(s)

NAME OF TREASURER

Brian Kremer

MAILING ADDRESS

3875-A Telegraph Rd PMB 249

CITY STATE ZIP CODE AREA CODE/PHONE

Ventura CA 93003

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 03-06-2008 Date  
 By  Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ Date  
 By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date  
 By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date  
 By \_\_\_\_\_ Signature of Controlling Officerholder, 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**

Statement covers period  
11-03-2007  
through  
12-31-2007  
Page 2 of 3  
I.D. NUMBER  
94-3809

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3 \$ 189	\$
2. Loans Received ..... Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2 \$ 189	\$
4. Nonmonetary Contributions ..... Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 \$ 189	\$

**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 \$ \_\_\_\_\_

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4 \$ _____	\$
7. Loans Made ..... Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7 \$ _____	\$
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	
10. Nonmonetary Adjustment ..... Schedule C, Line 3	
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10 \$ _____	\$

**Expenditure Limit Summary for State  
Candidates**  
22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)  
Date of Election \_\_\_\_\_ Total to Date \_\_\_\_\_  
(mm/dd/yy) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance ..... Previous Summary Page, Line 16 \$ 204.44	
13. Cash Receipts ..... Column A, Line 3 above	
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	
15. Cash Payments ..... Column A, Line 8 above	
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 393.44	

**Current Cash Statement**  
If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ _____	
<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents ..... See instructions on reverse \$ _____	
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ _____	

To calculate Column B, add amounts in Column B, add 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 11-03-2007  
through 12-31-2007

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER  
94-3809

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

## Schedule A Summary

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

189

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 189

189

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 189

\*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