

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
CITY CLERK

OCT 11 AM 8:23

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

11-6-2007

Statement covers period
from

7-1-2007

through

9-22-2007

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

Ben Davis

MAILING ADDRESS

Same

CITY

STATE

ZIP CODE

AREA CODE/PHONE

805-339-4351

STREET ADDRESS (NO P.O. BOX)

3875-A Telegraph Rd. PMB 249

Ventura, CA. 93003

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 10-5-07

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

Statement covers period
from 7-1-2007
through 9-22-2007

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

Page 2 of 3

I.D. NUMBER
94-3809

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>726.00</u>	\$ <u>1188.00</u>
2. Loans Received	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>726.00</u>	\$ <u>1188.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>726.00</u>	\$ <u>1188.00</u>

Expenditures Made

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 \$	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$	<u>3088.20</u>
13. Cash Receipts	Column A, Line 3 above	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>726.00</u>
15. Cash Payments	Column A, Line 8 above	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	<u>3814.20</u>

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

17. LOAN GUARANTEES RECEIVED

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

Cash Equivalents and Outstanding Debts

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

20. Contributions Received	\$	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$		

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
___/___/___	\$
___/___/___	\$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in 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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____
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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 726.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 726.00

*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