

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SAN BUENA VENTURA
CITY CENTER

COVER PAGE

CALIFORNIA
FORM 460

Page 1 of 3

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from January 1, 2008
through June 30, 2008

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

AUG -5 P 1:52

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officerholder, 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 Candidate/Officerholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

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

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

Ventura City Firefighters for a Better Community

I.D. NUMBER
94-3809

Treasurer(s)

NAME OF TREASURER

Brian Kremer

MAILING ADDRESS

same as committee info

STREET ADDRESS (NO P.O. BOX)

3875-A Telegraph Rd PMB 249

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STATE

ZIP CODE

AREA CODE/PHONE

Ventura

CA

93003

(805)339-4355

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

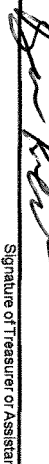
OPTIONAL: FAX / E-MAIL ADDRESS

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 07-31-2008

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
from January 1, 2008
through June 30, 2008

Page 2 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ventura City Firefighters for a Better Community

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 \$ 5130.00	\$ _____
2. Loans Received	Schedule B, Line 3 \$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5130.00	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3 \$ _____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5130.00	\$ _____

	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	\$ _____
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 G, Line 3 \$ _____	\$ _____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 0	\$ _____

	Date of Election (mm/dd/yy)	Total to Date
22. Cumulative Expenditures Made*	____/____/____	\$ _____
	____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 393.44	\$ _____
13. Cash Receipts	Column A, Line 3 above \$ _____	\$ _____
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 5130.00	\$ _____
15. Cash Payments	Column A, Line 8 above \$ 5523.44	\$ _____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ _____	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2
\$ _____

Cash Equivalents and Outstanding Debts

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 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).

Schedule A Monetary Contributions Received

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

Statement covers period
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through June 30, 2008

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CALIFORNIA
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460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ventura City Firefighters for a Better Community

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 TODAY (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				
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 \$ 5130.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5130.00

*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