

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Date Stamp

RECEIVED

OCEANSIDE CITY CLERK

Statement covers period
from 07/01/2009
through 10/24/2009

Date of election if applicable:
(Month, Day, Year)
12/08/2009

Page 1 of 9

For Official Use Only

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

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ 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
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
923161

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

OCEANSIDE FIREFIGHTERS ASSOCIATION POLITICAL ACTION
COMMITTEE

STREET ADDRESS (NO P.O. BOX)

1935 Avenida Del Oro

CITY	STATE	ZIP CODE	AREA CODE/PHONE
OCEANSIDE	CA	92056	760-809-7815

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

PO BOX 537

CITY	STATE	ZIP CODE	AREA CODE/PHONE
OCEANSIDE	CA	92049	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jessamyn Specht

MAILING ADDRESS

PO BOX 537

CITY	STATE	ZIP CODE	AREA CODE/PHONE
OCEANSIDE	CA	92049	760-809-7815

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 10/29/2009
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, 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 07/01/2009 through 10/24/2009	CALIFORNIA FORM 460 Page 2 of 8 I.D. NUMBER 923161
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

OCEANSIDE FIREFIGHTERS ASSOCIATION POLITICAL ACTION COMMITTEE

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 29,500	\$ 77,625
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 29,500	\$ 77,625
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 29,500	\$ 77,625

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	\$ 60,396.70	\$ 106,395.42
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 60,396.70	\$ 106,395.42
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	\$ 60,396.70	\$ 106,395.42

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
___/___/___	\$
___/___/___	\$
___/___/___	\$
___/___/___	\$
___/___/___	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 35,847
13. Cash Receipts	Column A, Line 3 above	29,500
14. Miscellaneous Increases to Cash	Schedule I, Line 4	60,396.70
15. Cash Payments	Column A, Line 8 above	4,950.30
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$

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

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

*Since January 1, 2001. 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

Statement covers period from 07/01/2009 through 10/24/2009	CALIFORNIA FORM 460 Page 3 of 9
I.D. NUMBER 923161	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

OCEANSIDE FIREFIGHTERS ASSOCIATION POLITICAL ACTION COMMITTEE

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)
7/2, 7/17, 7/31, 8/14, 8/28, 9/11, 9/25, 10/9, 10/23	Membership bi-weekly contributions. See attached signed addendum for Schedule A specifics	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		22,500	57,125	
10/14/2009	OPOA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		7,000	19,000	
		<input checked="" 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 \$				29,500		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 29,500
- Amount received this period – unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 29,500

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

SCHEDULED

Statement covers period from 07/01/2009 through 10/24/2009		CALIFORNIA FORM 460
		Page 4 of 8
NAME OF FILER OCEANSIDE FIREFIGHTERS ASSOCIATION POLITICAL ACTION COMMITTEE		I.D. NUMBER 923161

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/09	Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Donation	60.00	20,060	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/6/09	Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Vote "YES" on Recall Signs	3814.41	23,874.41	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/22/09	Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mobile Billboard to advertise "Vote Yes on Recall"	2800.00	26,674.41	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				6,674.41		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 60,636.70
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 210.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 60,906.70

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

SCHEDULE D (CONT.)

Statement covers period from 07/01/2009 through 10/24/2009	CALIFORNIA FORM 460
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NAME OF FILER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/09	Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Polling information	14,000	40,674.41	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/23/09	Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Shipping of Pro-Recall Signs	181.04	40,855.45	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/8/09	Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Pro-Recall Website	69.97	40,925.42	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/9/09	Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Vote YES Recall Signs	3,814.40	44,739.82	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				18,065.41		

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

SCHEDULE D (CONT.)

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NAME OF FILER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/09	Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mobile Advertising Pro-Recall	1,300.00	46,039.82	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/14/09	Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Pro-Recall get out the vote mailer and information mailer.	26,800.00	72,839.82	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/09	Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Pro-Recall advertising in the NC Times.	7,346.88	80,186.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/09	Unite Here San Diego PAC 3737 Camino Del Rio S, STE 300 San Diego, CA 92108 FPPC# 1322418	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Office space, in kind contribution	50.00	50.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				35,496.88		

Schedule E Payments Made

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2009	
through	10/24/2009	Page <u>7</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
OCEANSIDE FIREFIGHTERS ASSOCIATION POLITICAL ACTION COMMITTEE		923161

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

OCEANSIDE FIREFIGHTERS ASSOCIATION POLITICAL ACTION COMMITTEE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citizens to Recall Kern PO Box 1818 Oceanside CA 92051-1848 FPPC # 1315209	CTB	Donation	60.00
Dimensional Silk Screen 3750 Dalbergia St San Diego, CA 92113-3815	CMP	Campaign Signs	7,628.81
Billboard Express Inc 29752 Avenida De Las Bande Rancho Santa Margarita, CA 92688	CMP	Mobile Billboard Campaign Sign	4,100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 11,788.81

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 45,889
2. Unitemized payments made this period of under \$100	\$ 109.72
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 60,396.70

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from 07/01/2009 through 10/24/2009	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gateway Communications 16805 NE Mason CT Portland, OR 97230-4990	POL	Polling and survey research	14,000.00
Fed Ex Office 2444 Vista Way Oceanside, CA 92054-6173	POS	Postage for sign delivery	181.04
GoDaddy.com 14455 North Hayden Road Scottsdale, AZ 85260	WEB	Pro-Recall Website	69.92
Freeman Public Affairs 1405 Marcelina, Suite 111 Torrance, CA 90501	LIT	Pro-Recall mailers	26,800
North County Times 1722 South Coast Highway Oceanside, CA 92054	PRT	Advertising in North County Times	7,346.88

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 48,397.84