COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

COPY

Type or print ... ink.

Statement covers period: from 10/2/2012 through 10/20/2012

Date of election if applicable: (Month, Day, Year) 11/06/2012

Date Stamp: RECEIVED OCT 25 2012 CITY CLERK

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For Official Use Only

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: 1351297

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Team Oceanside

STREET ADDRESS (NO P.O. BOX): 770 Harbor Cliff Way Unit 144

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oceanside	CA	92054	760-560-8752

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: PO Box 2697

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oceanside	CA	92051	760-560-8752

OPTIONAL: FAX / E-MAIL ADDRESS: gwsuperfan@gmail.com

Treasurer(s)

NAME OF TREASURER: Christopher Wilson

MAILING ADDRESS: 770 Harbor Cliff Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oceanside	CA	92054	760-560-8752

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 10/25/2012 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) 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 10/2/2012 through 10/20/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Team Oceanside

I.D. NUMBER
1351297

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 497	$ 5846
2. Loans Received	*Schedule B, Line 3*	0	100
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 497	$ 5946
4. Nonmonetary Contributions	*Schedule C, Line 3*	3913.10	4412.10
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 4410.10	$ 10,358.10

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 2547.92	$
7. Loans Made	*Schedule H, Line 3*	0	
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2547.92	$
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 2547.92	$

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2229
13. Cash Receipts	*Column A, Line 3 above*	497
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	2547.92
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 178.08

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).

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	$	$

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule . .
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 10/2/2012
through 10/20/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Team Oceanside

I.D. NUMBER
1351297

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)
10/10/2012	Harrison Killian 200 N. El Camino Real Spc 420 Oceanside, CA 92057	(●) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC	Retired	100	100	100
		( ) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC				
		( ) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC				
		( ) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC				
		( ) IND ( ) COM ( ) OTH ( ) PTY ( ) SCC				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 100
2. Amount received this period – unitemized contributions of less than $100 ..... $ 397
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 497

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

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 10/2/2012
through 10/20/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Team Oceanside

I.D. NUMBER
1351297

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2012	Oceanside Police Officers' Assosciation 1935 Avenida del Oro, Ste. D Oceanside , CA 92056 #923323	○IND ◉COM ○OTH ○PTY ○SCC		Signs	3860.63	3860.63	3860.63
		○IND ○COM ○OTH ○PTY ○SCC					
		○IND ○COM ○OTH ○PTY ○SCC					
		○IND ○COM ○OTH ○PTY ○SCC					
Attach additional information on appropriately labeled continuation sheets.				**SUBTOTAL $**			

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 3860.63
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 52.47
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 3913.10

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

SCHEDULE E

Schedule E
Payments Made

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

Statement covers period
from 10/2/2012
through 10/20/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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1351297

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
Uribe Printing 2900 ADAMS ST., STE. A-20 RIVERSIDE, CA 92504	CMP	Doorhangers	2547.42

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

SUBTOTAL $ 2547.42

Schedule E Summary

1	Payments made this period of $100 or more. (Include all Schedule E subtotals.)	$ 2547.42
2.	Unitemized payments made this period of under $100	$ 0
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 $** 2547.42