Type or print in ink.

Statement covers period from 1/1/2016 through 6/30/2016

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

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 5)

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 485

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
OXNARD FIREFIGHTERS LOCAL 1684 PAC

STREET ADDRESS (NO P.O. BOX)
249 CALLE LARIOS
CITY CAMARILLO
STATE CA
ZIP CODE 93010
AREA CODE/PHONE (805) 660-1198

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
249 CALLE LARIOS
CITY CAMARILLO
STATE CA
ZIP CODE 93010
AREA CODE/PHONE (805) 660-1198

OPTIONAL: FAX / EMAIL ADDRESS
johnalbin@verizon.net

I.D. NUMBER 801523

Treasurer(s)
NAME OF TREASURER
JOHN ALBIN
MAILING ADDRESS
249 Calle Larios
CITY Camarillo
STATE CA
ZIP CODE 93010
AREA CODE/PHONE (805) 660-1198

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY
STATE
ZIP CODE
AREA CODE/PHONE

OPTIONAL: FAX / EMAIL ADDRESS
johnalbin@verizon.net

Treasurer: johnalbin@verizon.net

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.

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

EXECUTED ON 7/4/2016

Executed on ___________________________ Date

Executed on ___________________________ Date

Executed on ___________________________ Date

Executed on ___________________________ Date
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT

OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Attach continuation sheets if necessary
**Contributions Received**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$4,000.00</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$4,000.00</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$4,000.00</td>
<td>$4,000.00</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$37,515.72</td>
<td></td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$4,000.00</td>
<td></td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$41,515.72</td>
<td></td>
</tr>
</tbody>
</table>

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

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Election (mm/dd/yyyy) Total to Date

To calculate Column B, add amounts in Column A to the corresponding amount 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).

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>
### Schedule A

**Monetary Contributions Received**

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

**PLEASE READ INSTRUCTIONS ON REVERSE**

**NAME OF FILER**  
OXNARD FIREFIGHTERS LOCAL 1684 PAC

**I.D. NUMBER**  
801523

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE*</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
   (Include all Schedule A subtotals.) ................................................................. $0.00
2. Amount received this period - unitemized monetary contributions of less than $100 ................................................................. $4,000.00
3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................................................................. TOTAL $4,000.00

*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

Statement covers period from 1/1/2016 through 6/30/2016

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule B - Part 1
Loans Received

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

Schedule B Summary

1. Loans received this period (Total Column (b) plus unitemized loans of less than $100.) $0.00

2. Loans paid or forgiven this period (Total Column (c) plus loans under $100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) $0.00

3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. NET $0.00

*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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
OXNARD FIREFIGHTERS LOCAL 1684 PAC

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
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<td>t□ IND □ COM □ OTH □ PTY □ SCC</td>
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</tbody>
</table>

SUBTOTAL $ $ $ $ 

(Enter (e) or Schedule E, Line 3)
## Schedule C
### Nonmonetary Contributions Received

**NAME OF FILER**
OXNARD FIREFIGHTERS LOCAL 1684 PAC

**DATE RECEIVED**

<table>
<thead>
<tr>
<th>CONTRIBUTOR CODE*</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>⬜️ IND</td>
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<tr>
<td>⬜️ COM</td>
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<td>⬜️ OTH</td>
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<tr>
<td>⬜️ PTY</td>
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<tr>
<td>⬜️ SCC</td>
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</tbody>
</table>

**Schedule C Summary**

1. Amount received this period - itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) .......................................................... $0.00

2. Amount received this period - unitemized nonmonetary contributions of less than $100 ........................................ $0.00

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 $0.00

---

*Contributor Codes
- IND - Individual
- COM - Recipient Committee
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee

**Statement covers period**
from 1/1/2016 through 6/30/2016

**Page 5 of 11**
Schedule D
Summary of Expenditures
Supporting/Opposing Other Candidates, Measures and Committees

NAME OF FILER
OXNARD FIREFIGHTERS LOCAL 1684 PAC

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ................................................................. $0.00

2. Unitemized contributions and independent expenditures made this period of under $100 ............................................................... $0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ................................................................. $0.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule E Payments Made

**NAME OF FILER**
OXNARD FIREFIGHTERS LOCAL 1684 PAC

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBR member communications</td>
<td>$0.00</td>
</tr>
<tr>
<td>MTG meetings and appearances</td>
<td>$0.00</td>
</tr>
<tr>
<td>OFC office expenses</td>
<td>$0.00</td>
</tr>
<tr>
<td>PET petition circulating</td>
<td>$0.00</td>
</tr>
<tr>
<td>PHO phone banks</td>
<td>$0.00</td>
</tr>
<tr>
<td>POL polling and survey research</td>
<td>$0.00</td>
</tr>
<tr>
<td>POS postage, delivery and messenger services</td>
<td>$0.00</td>
</tr>
<tr>
<td>PRO professional services (legal, accounting)</td>
<td>$0.00</td>
</tr>
<tr>
<td>PRT print ads</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

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

**Schedule E Summary**

1. Itemized payment made this period. (Include all Schedule E subtotals.) .............................................. $0.00
2. Unitemized payments made this period of under $100 ........................................................................ $0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) ................ $0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $0.00

**Statement covers period from 1/1/2016 through 6/30/2016.**

**NAME AND ADDRESS OF PAYEE** (If committee, also enter I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
### Schedule F
Accrued Expenses (Unpaid Bills)

<table>
<thead>
<tr>
<th>CODES: If one of the following codes accurately describes the payment, you may enter the code.</th>
<th>Otherwise, describe the payment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP campaign paraphernalia/misc.</td>
<td>MBR member communications</td>
</tr>
<tr>
<td>CNS campaign consultants</td>
<td>MTG meetings and appearances</td>
</tr>
<tr>
<td>CTB contribution (explain nonmonetary)*</td>
<td>OFC office expenses</td>
</tr>
<tr>
<td>CVC civic donations</td>
<td>PET petition circulating</td>
</tr>
<tr>
<td>FIL candidate filing/ballot fees</td>
<td>PHO phone banks</td>
</tr>
<tr>
<td>FND fundraising events</td>
<td>POL polling and survey research</td>
</tr>
<tr>
<td>IND independent expenditure supporting/opposing others (explain)*</td>
<td>POS postage, delivery and messenger services</td>
</tr>
<tr>
<td>LEG legal defense</td>
<td>PRO professional services (legal, accounting)</td>
</tr>
<tr>
<td>LIT campaign literature and mailings</td>
<td>PRT print ads</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

**Statement covers period**

- **from:** 1/1/2016
- **through:** 6/30/2016

**FORM 460**

**CALIFORNIA**

**NAME OF FILER**

- Oxnard Firefighters Local 1684 PAC

**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
- CNS campaign consultants
- MTG meetings and appearances
- CTB contribution (explain nonmonetary)*
- OFC office expenses
- CVC civic donations
- PET petition circulating
- FIL candidate filing/ballot fees
- PHO phone banks
- FND fundraising events
- POL polling and survey research
- IND independent expenditure supporting/opposing others (explain)*
- POS postage, delivery and messenger services
- LEG legal defense
- PRO professional services (legal, accounting)
- LIT campaign literature and mailings
- PRT print ads

**NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD |
<table>
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**INCURRED TOTALS** 50.00

**PAID TOTALS** 50.00

**NET** (May be a negative number) 50.00

**FPPC Form 460 (January/05)**

**FPPC Toll-Free Hotline:** 855/ASK-FPPC (855/275-3772)
## Schedule H
### Loans Made to Others*

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**
Oxnard Firefighters Local 1684 PAC

**Statement covers period**
from 1/1/2016 through 6/30/2016

### Supplementary Information

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT LOANED THIS PERIOD</th>
<th>(c) REPAYMENT OR FORGIVENESS THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST RECEIVED</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE LOANS TO DATE</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Schedule H Summary

1. Loans made this period ........................................... $0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans .................................... $0.00
   (Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ................. $0.00
   Enter the net here and on the Summary Page, Column A, Line 7.

---

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.*

May be a negative number.

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FPPC Form 460 (January/05)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-3772)
### Schedule I
### Miscellaneous Increases to Cash

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**
Oxnard Firefighters Local 1684 PAC

**DATE RECEIVED**

<table>
<thead>
<tr>
<th>FULL NAME AND ADDRESS OF SOURCE</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Schedule I Summary**

1. Itemized increases to cash this period.  
2. Unitemized increases to cash of under $100 this period.  
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)  
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)  

**SUBTOTAL $**  

<p>| | | |</p>
<table>
<thead>
<tr>
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| $0.00 | $0.00 | $0.00 

**Statement covers period**  

<table>
<thead>
<tr>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement covers period from 1/1/2016 through 6/30/2016</td>
</tr>
</tbody>
</table>

**ID. NUMBER**
801523

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)