Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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 6)
   - [x] 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:
   - [ ] Preliminary Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also fill in Form 410 Termination)
   - [ ] Amendment (Explain below)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Supplemental Preliminary Statement - Attach Form 495

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   OXNARD FIREFIGHTERS LOCAL 1684 PAC

   STREET ADDRESS (NO P.O. BOX)
   1743 CERVATO DR.

   CITY
   CAMARILLO

   STATE
   CA

   ZIP CODE
   93012

   AREA CODE/PHONE
   (805) 660-1198

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

   CITY
   CAMARILLO

   STATE
   CA

   ZIP CODE
   93010

   AREA CODE/PHONE

   OPTIONAL: FAX/E-MAIL ADDRESS
   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.

   Executed on 5/19/2018
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on
   Date

   Executed on
   Date

   Executed on
   Date

   By
   Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officer/Holder, Candidate, State Measure Proponent
5. **Officemember or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEMEMBER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. **Primarily Formed Ballot Measure Committee**

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO., OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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

| NAME OF OFFICEMEMBER, CANDIDATE, OR PROPONENT |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

7. **Primarily Formed Candidate/Officemember Committee**

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

| NAME OF OFFICEMEMBER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |
| NAME OF OFFICEMEMBER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |
| NAME OF OFFICEMEMBER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |

Attach continuation sheets if necessary.
## Campaign Disclosure Statement

**Summary Page**

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

### Contributions Received

<table>
<thead>
<tr>
<th>Contributions Accepted</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$900.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$800.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$800.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$2,000.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$21,928.51</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$800.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 6 above</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$20,728.51</td>
</tr>
</tbody>
</table>

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

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).

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)</td>
</tr>
<tr>
<td>Date of Election (mm/dd/yyyy)</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
</tbody>
</table>

### 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

Amounts in this section may be different from amounts reported in Column B.
### Schedule A
**Monetary Contributions Received**

**Statement covers period**
from 4/22/2018 through 5/19/2018

**NAME OF FILER**
Oxnard Firefighters Local 1584 PAC

**ID. NUMBER**
801523

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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>
<tr>
<td></td>
<td>□ IND</td>
<td>□ COM</td>
<td>□ OTH</td>
<td>0.00</td>
<td>$800.00</td>
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<td></td>
<td>□ PTY</td>
<td>□ SCC</td>
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<td>□ IND</td>
<td>□ COM</td>
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<td>□ SCC</td>
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</tbody>
</table>

**SUBTOTAL $**

### 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 ...............................................$800.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ........................................ TOTAL $800.00

*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

[FPIC Form 460 (January/05)]
[FPIC Tele/Free Helpline: 866/ASK/FPIC (866/275-3772)]
### Schedule B - Part 1
**Loans Received**

**Name of Filer:**

**Address:**

**City, State, Zip Code:**

<table>
<thead>
<tr>
<th>Lender</th>
<th>Occupation</th>
<th>Employer</th>
<th>Date Paid</th>
<th>Date Incurred</th>
<th>Rate</th>
<th>Interest</th>
<th>Amount Paid or Forgiven</th>
<th>Amount Received This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>IND</td>
<td>COM</td>
<td>OTH</td>
<td>DATE DUE</td>
<td>DATE INURRCED</td>
<td></td>
<td></td>
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<tr>
<td>IND</td>
<td>COM</td>
<td>OTH</td>
<td>DATE DUE</td>
<td>DATE INURRCED</td>
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</table>

**Subtotal:** 

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
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<tbody>
<tr>
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</tbody>
</table>

**Schedule B Summary**

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

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.)

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

*Contributor Codes*

- IND - Individual
- COM - Recipient Committee
- 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.**
## Schedule C
### Nonmonetary Contributions Received

<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>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>
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<tbody>
<tr>
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<td></td>
<td>SCC</td>
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</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $**

### Schedule C Summary

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

2. **Amount received this period - unitized 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 (other than PTY or SCC)
- **OTH** - Other (e.g., business entity)
- **PTY** - Political Party
- **SCC** - Small Contributor Committee

---

FPFC Form 460 (January 05)
FPFC Toll-Free Hotline: 888/A94-FPFC (888/273-3772)
## 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>
<td>5/18/2018</td>
<td>Oxnard 2020 Coalition</td>
<td>CASH</td>
<td>monetary contribution</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td></td>
</tr>
</tbody>
</table>

- Support [ ]  
- Oppose [ ]

- Support [ ]  
- Oppose [ ]

- Support [ ]  
- Oppose [ ]

**SUBTOTAL:**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .................................................. $2,000.00
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.) ........................................... $2,000.00
## Schedule E Payments Made

### 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 airline and production
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airline 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)

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXNARD 2020 COALITION</td>
<td>CTB</td>
<td>CASH</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>30301 TOWN CENTER DRIVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUITE 204</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAGUNA NIGUEL, CA 92677</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMITTEE ID: 1403750</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payment made this period. (Include all Schedule E subtotals.)          | $2,000.00 |
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.) | $2,000.00 |
## Schedule F
### Accrued Expenses (Unpaid Bills)

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

**Statement covers period from 4/22/2018 through 5/19/2018**

**CALIFORNIA FORM 460**

**NAME OF FILER**

OXNARD FIREFIGHTERS LOCAL 1684 PAC

**LD NUMBER**

801523

---

### CODES:
- **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)

---

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD 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>
</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.)

   INCURRED TOTALS $0.00

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.)

   PAID TOTALS $0.00

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

   NET $0.00

(If a negative number)

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FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (F/C COMMITTEE, ALSO ENTER ID NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
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**Schedule I Summary**

1. Itemized increases to cash this period. ................................................................. $0.00
2. Unitized increases to cash of under $100 this period. ........................................... $0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ................................................................. $0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ................................................................. TOTAL $0.00

SUBTOTAL: $