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

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
     - ☐ 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
     (Also file a Form 410 Termination)
   - ☐ Amendment (Explain below)
   - ☐ Quarterly Statement
   - ☐ Special Odd-Year Report
   - ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information
   - I.D. NUMBER
     801523
   - 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
   93010

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

   CITY
   CAMARILLO
   STATE
   CA
   ZIP CODE
   93012

   NAME OF TREASURER
   JOHN ALBIN

   MAILING ADDRESS
   1743 CERVATO DR

   CITY
   CAMARILLO
   STATE
   CA
   ZIP CODE
   93012

   NAME OF ASSISTANT TREASURER, IF ANY

   MAILING ADDRESS

   CITY
   CAMARILLO
   STATE
   CA
   ZIP CODE
   93012

   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 4/21/2018
   By ____________________________
   Date ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on ____________________________
   By ____________________________
   Date ____________________________
   Signature of Controlling Officials/Candidate, State Measure Proposers or Responsible Officers of Sponsor

   Executed on ____________________________
   By ____________________________
   Date ____________________________
   Signature of Controlling Officials/Candidate, State Measure Proposers

   Executed on ____________________________
   By ____________________________
   Date ____________________________
   Signature of Controlling Officials/Candidate, State Measure Proposers

FPPC 4904 (July 2006)
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER 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>
<tr>
<td>COMMITTEE NAME</td>
<td>I.D. NUMBER</td>
</tr>
<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>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**

FPPC Form 460 (January/05)
FPPC Toll-Free Hotline: 1-800-711-4766
State of California
## Campaign Disclosure Statement

### Summary Page

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

**Contributions Received**

1. **Monetary Contributions**
   - **Schedule A, Line 3**
   - **Column A (TOTAL THIS PERIOD):** $2,400.00
   - **Column B (TOTAL YEAR TO DATE):** $2,400.00

2. **Loans Received**
   - **Schedule B, Line 3**
   - **Amount:** $0.00

3. **SUBTOTAL CASH CONTRIBUTIONS**
   - **Add Lines 1 + 2**
   - **Column A:** $2,400.00
   - **Column B:** $2,400.00

4. **Nonmonetary Contributions**
   - **Schedule C, Line 3**
   - **Amount:** $0.00

5. **TOTAL CONTRIBUTIONS RECEIVED**
   - **Add Lines 3 + 4**
   - **Column A:** $2,400.00
   - **Column B:** $2,400.00

**Expenditures Made**

6. **Payments Made**
   - **Schedule E, Line 4**
   - **Amount:** $11,000.00

7. **Loans Made**
   - **Schedule H, Line 2**
   - **Amount:** $0.00

8. **SUBTOTAL CASH PAYMENTS**
   - **Add Lines 6 + 7**
   - **Column A:** $11,000.00
   - **Column B:** $11,000.00

9. **Accrued Expenses (Unpaid Bills)**
   - **Schedule F, Line 3**
   - **Amount:** $0.00

10. **Nonmonetary Adjustment**
    - **Schedule C, Line 3**
    - **Amount:** $0.00

11. **TOTAL EXPENDITURES MADE**
    - **Add Lines 8 + 9 + 10**
    - **Amount:** $11,000.00

**Current Cash Statement**

12. **Beginning Cash Balance**
    - **Previous Summary Page, Line 16**
    - **Amount:** $30,528.51

13. **Cash Receipts**
    - **Column A, Line 3 above**
    - **Amount:** $2,400.00

14. **Miscellaneous Increases to Cash**
    - **Schedule I, Line 4**
    - **Amount:** $0.00

15. **Cash Payments**
    - **Column A, Line 8 above**
    - **Amount:** $11,000.00

16. **ENDING CASH BALANCE**
    - **Add Lines 12 + 13 + 14, then subtract Line 15**
    - **Amount:** $21,928.51

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

17. **LOAN GUARANTEES RECEIVED**
    - **Schedule B, Part 2**
    - **Amount:** $0.00

**Cash Equivalents and Outstanding Debts**

18. **Cash Equivalents**
    - **See instructions on reverse**
    - **Amount:** $0.00

19. **Outstanding Debts**
    - **Add Line 2 + Line 9 in Column B above**
    - **Amount:** $0.00

---

*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).*
## Schedule A
Monetary Contributions Received

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

<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></td>
<td>IND</td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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 ........................................ $2,400.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ............................................... TOTAL $2,400.00

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Hotline: 888/930-FPPC (888/930-3772)
Schedule B - Part 1
Loans Received

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

<table>
<thead>
<tr>
<th>SCHEDULE B - PART 1</th>
<th>NAME OF FILER</th>
<th>OXNARD FIREFIGHTERS LOCAL 1684 PAC</th>
<th>LDD NUMBER</th>
<th>80157-3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LDD 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>
</tr>
</thead>
<tbody>
<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

SUBTOTAL $ $ $ $ | (Enter (c) on Schedule E, Line 3) |

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.) .......................... $0.00

3. Net change this period. (Subtract Line 2 from Line 1.) .......................... NET $0.00 (May be a negative number)

*Contributor Codes

INO - 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.
Schedule C
Nonmonetary Contributions Received

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

Statement covers period from ___/___/2018 through ___/___/2018

NAME OF FILER
OXNARD FIREFIGHTERS LOCAL 1684 PAC

<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>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

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 (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

PPIC Form 460 (January '05)
PPIC Toll-Free Helper: 800/ASK-PPIC (800/373-7772)
Schedule D
Summary of Expenditures
Supporting/Opposing Other Candidates, Measures and Committees

<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>
</table>
| 2/13/2018  | MIGUEL LOPEZ  
Office Description: MAYOR OF OXNARD  
Jurisdiction: City  
OXNARD |  | Monetary Contribution | $10,000.00 | $10,000.00 |  |
| 2/7/2018   | JACQUI IRWIN  
State Assembly District 44  
Jurisdiction: State Assembly District |  | Monetary Contribution | $1,000.00 | $1,000.00 |  |

SUBTOTAL $11,000.00

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) $11,000.00

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.) $11,000.00
**Schedule E Payments Made**

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

**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.

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

**NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>JACQUI IRWIN FOR ASSEMBLY 2018 400 CAPITOL MALL SUITE 1545 SACRAMENTO, CA 95814 COMMITTEE ID: 1393074</td>
<td>CASH</td>
<td></td>
<td></td>
<td>$1,000.00</td>
</tr>
<tr>
<td>MIGUEL LOPEZ FOR OXNARD MAYOR 2016 2541 TAPRAIL LN OXNARD, CA 93035 COMMITTEE ID: 1387287</td>
<td>CASH</td>
<td></td>
<td></td>
<td>$10,000.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

$11,000.00

**Schedule E Summary**

1. Itemized payment made this period. (Include all Schedule E subtotals.)  $11,000.00
2. Unitized 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.)  $11,000.00

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

FPPC Toll-Free Helpline: 866ASK-FPPC (866/727-3772)
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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.)

INCURRED TOTALS $0.00

PAID TOTALS $0.00

NET $0.00

(May be a negative number)

FFPC Form 460 (January 05)

FFPC Toll-Free Hotline: 888/469-FFPC (888/469-3777)
Schedule H
Loans Made to Others*

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

Statement covers period
from 1/1/2018
through 4/21/2018

NAME OF FILER
ORNARD FIREFIGHTERS LOCAL 1684 PAC

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT</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 LOANED THIS PERIOD</th>
<th>(c) REPAYMENT OR FORGIVENESS AT CLOSE OF 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>
<tr>
<td></td>
<td></td>
<td>☐ PAID</td>
<td>☐ FORGIVEN</td>
<td>DATE DUE</td>
<td>DATE INCURRED</td>
<td>☐ PAID</td>
<td>☐ FORGIVEN</td>
<td>DATE DUE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ PAID</td>
<td>☐ FORGIVEN</td>
<td>DATE DUE</td>
<td>DATE INCURRED</td>
<td>☐ PAID</td>
<td>☐ FORGIVEN</td>
<td>DATE DUE</td>
</tr>
</tbody>
</table>

** 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.

SUBTOTAL $   $   $   $

(Enter (a) on Schedule I, Line 3)

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. Not change this period. (Subtract Line 2 from Line 1.) ..................... NET $0.00 (May be a negative number)

FPPC Form 460 (January'05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3773)
## Schedule I
### Miscellaneous Increases to Cash

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

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

**STATEMENT COVERS PERIOD**
- **From:** 1/1/2018
- **Through:** 4/21/2018

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule I Summary**

1. Itemized increases to cash this period. .......................................................... $0.00
2. Unitemized 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 $**