Recipient 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
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored
     - Primarily Formed Candidate/Offerholder Committee
     - (Also Complete Part 6)

2. Type or Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement (Also file a Form 410 Termination)
   - Amendment (Explain below)

Treasurer(s)
NAME OF TREASURER
JOHN ALBIN

MAILING ADDRESS
1743 CERVATI DR

CITY CARMEL
STATE CA
ZIP CODE 93012
AREA CODE/PHONE (805) 660-1198

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY
STATE
ZIP CODE
AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
johnon@verizon.net

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 93010
AREA CODE/PHONE

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

CITY CAMARILLO
STATE CA
ZIP CODE 93010
AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
johnon@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 08/25/2018
Date

Signed:

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

PPIC Form 460 (January 08)
PPIC Form 460 (January 08)
State of California
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? □ YES □ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE? □ YES □ NO

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

IDENTIFY THE CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT, 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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

□ SUPPORT □ OPPOSE

□ SUPPORT □ OPPOSE

□ SUPPORT □ OPPOSE

□ SUPPORT □ OPPOSE

Attach continuation sheets if necessary.
## Campaign Disclosure Statement
### Summary Page

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

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$1,600.00</td>
<td>$7,200.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$1,600.00</td>
<td>$7,200.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$1,600.00</td>
<td>$7,200.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$0.00</td>
<td>$13,000.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$0.00</td>
<td>$13,000.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$0.00</td>
<td>$13,000.00</td>
</tr>
</tbody>
</table>

<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>$22,328.51</td>
<td>$23,928.51</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$1,600.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$23,928.51</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cash Equivalents and Outstanding Debts</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Calender Year Summary for Candidates Running in Both the State Primary and General Elections

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 (monetary) | Total to Date |
-----------------------------|---------------|

Amounts in this section may be different from amounts reported in Column B.

---

PFPSC Form 460 (January 09)  
PFPSC Toll-Free Helpline: 866/486-PFPSC (7377)
### Schedule A
Monetary Contributions Received

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

**STATEMENT COVERS PERIOD**
from 7/1/2018 through 9/22/2018

<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>
<tr>
<td></td>
<td>IND</td>
<td></td>
<td></td>
<td>$0.00</td>
<td>$1,600.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td>$1,600.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td>$1,600.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td>$1,600.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td>$1,600.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $**
$1,600.00

---

**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 .................................................. $1,600.00

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ........................................... TOTAL $1,600.00

---

**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
# Schedule B - Part 1
## Loans Received

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

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>7/1/2018 through 9/22/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER</td>
<td>601523</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
<th>(8)</th>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>IND</th>
<th>COM</th>
<th>OTH</th>
<th>PTY</th>
<th>SCC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Indicate whether paid or forgiven by entering 'X' in the appropriate box.

<table>
<thead>
<tr>
<th>2</th>
<th>IND</th>
<th>COM</th>
<th>OTH</th>
<th>PTY</th>
<th>SCC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>IND</th>
<th>COM</th>
<th>OTH</th>
<th>PTY</th>
<th>SCC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBTOTAL</th>
<th>$</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</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.**

   **NET $0.00** *(May be a negative number)*

---

*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

---

2265710.0
### Schedule C
#### Nonmonetary Contributions Received

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

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

**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 PAC YEAR CALENDAR YEAR (JAN. 1 - DEC. 31)** | **PER ELECTION TO DATE (IF REQUIRED)** |
--- | --- | --- | --- | --- | --- | --- | --- |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

```
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
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></td>
<td>□ Support  □ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Support  □ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Support  □ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $0.00

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
## Schedule E
Payments Made

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

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

<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>RED</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>VGT</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>

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

**SUBTOTAL $**

---

### 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 7/1/2018 through 9/22/2018

---

**SCHEDULE E**
CALIFORNIA FORM 460

**I.D. NUMBER**
801523
Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 7/1/2018
through 9/22/2018

Oxnard Firefighters Local 1684 PAC

I.D. NUMBER 801523

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)

<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 F)</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>

Subtotal $ __________ $________ $________

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 unitized accrued expenses under $100.)...INCURRED TOTALS $________
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 unitized payments on accrued expenses under $100.)...PAID TOTALS $________
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 $________

(May be a negative number)

PPPC Form 460 (January 2006)
PPPC Toll-Free Hotline: 800/ADD-PPPC (800/233-7772)
## Schedule H
**Loans Made to Others**

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

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER; IF SELF-EMPLOYED, ENTER NAME OF BUSINESS**

<table>
<thead>
<tr>
<th>(a) Outstanding Balance</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>
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*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.*

**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 (May be a negative number)

>Note: Enter (e) on Schedule I, Line 3.

**CALIFORNIA FORM 460**

Statement covers period from 7/1/2018 through 9/22/2018

I.D. NUMBER 601521

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(PPOC Form 460 (January 06) FPPC Toll Free Hotline: 866-ASK-FPPC (866-275-3773)
### Schedule I
**Miscellaneous Increases to Cash**

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

#### Statement covers period
- from 7/1/2018
- through 9/22/2018

**OXNARD FIREFIGHTERS LOCAL 1684 PAC**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER ID NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
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</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.) ................................ $0.00

**TOTAL** $0.00