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

**Statement covers period**
from 1/1/2020  
through 6/30/2020

**Date of election if applicable:**
(Month, Day, Year)
2020 JUL 20

---

### 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:
- Pre-election Statement
- Semi-annual Statement
- Termination Statement
  (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 485

### 3. Committee Information

<table>
<thead>
<tr>
<th>COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE)</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXNARD FIREFIGHTERS LOCAL 1684 PAC</td>
<td>801523</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2236 STACY LN</td>
<td>CAMARILLO</td>
<td>CA</td>
<td>93012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address of Different Incorporating Street or P.O. Box</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>426 SPRING OAK RD UNIT 1612</td>
<td>CA</td>
<td>93010</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTIONAL FAX/E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:johnalbin@verizon.net">johnalbin@verizon.net</a></td>
</tr>
</tbody>
</table>

### Treasurer(s)

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Albin</td>
<td>2236 Stacy Ln.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camarillo</td>
<td>CA</td>
<td>93012</td>
<td>(805) 660-1198</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF ASSISTANT TREASURER, IF ANY</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
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<table>
<thead>
<tr>
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<th>STATE</th>
<th>ZIP CODE</th>
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</table>

<table>
<thead>
<tr>
<th>OPTIONAL FAX/E-MAIL ADDRESS</th>
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<tr>
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</tbody>
</table>

| 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.

Executed on 7/15/2020  
By

Executed on  
By

Executed on  
By

Executed on  
By

By Signature of Treasurer or Assistant Treasurer

By Signature of General Election Officeholder, Candidate, Measure Proponent or Responsible Office of Sponsor

By Signature of Controlling Officeholder, Candidate, Measure Proponent

By Signature of Controlling Officeholder, Candidate, Measure Proponent

FPPC Form 490 (January 05)
FPPC Toll-Free Hotline: 660-ASSIST (660-2778)
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

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

SUPPORT  OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

officierholder(s) or candidate(s) for which this committee is primarily formed.

List names of

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

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>
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</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>$2,050.00</td>
<td>$2,050.00</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>$2,050.00</td>
<td>$2,050.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Expenses</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$2,050.00</td>
<td>$2,050.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement


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).

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

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

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents: See instructions on reverse: $0.00

19. Outstanding Debts: Add Line 2 + Line 9 in Column B above: $0.00
Schedule A
Monetary 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>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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<td>IND</td>
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<td>SCC</td>
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</tbody>
</table>

SUBTOTAL $ 54,000.00

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 ................................................................. $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

FPIC Form 460 (January/05)
FPIC Toll-Free Hotline: 866/ASK-FPIC (866/275-3772)
**Schedule B - Part 1**

**Loans Received**

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

**Statement covers period**

from 1/1/2020 through 6/30/2020

**Page 5 of 11**

**NAME OF FILER**

OXNARD FIREFIGHTERS LOCAL 1684 PAC

**ID NUMBER**

805523

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER/COMMITTEE (IF COMMITTEE, ALSO ENTER EIN, 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 PAID OR FORGIVEN THIS PERIOD*</th>
<th>(c) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(d) 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>
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</tr>
</tbody>
</table>

CALIFORNIA FORM 460

**Schedule B Summary**

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

2. Loans paid or forgiven this period .............................................. $0.00
   (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.) ................. $0.00
   Enter the net here and on the Summary Page, Column A, Line 2.

*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

2478587-0
Schedule C
Nonmonetary 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 1-5 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>
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</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 - 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
### Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

**Statement covers period from 1/1/2020 through 6/30/2020**

<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>1/15/2020</td>
<td>John Zaragoza Office Description: Mayor of Oxnard Jurisdiction: City City of Oxnard</td>
<td>Support</td>
<td>Monetary Contribution</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td></td>
</tr>
</tbody>
</table>

**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**

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

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard Firefighters Local 1684 PAC</td>
<td>801523</td>
</tr>
</tbody>
</table>

**SCHEDULE E**

Statement covers period from 1/1/2020 through 6/30/2020

Page 8 of 11

**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 PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zaragosa for Mayor 2020</td>
<td></td>
<td>Contribution</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>2303 Hidden Valley C:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93036</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>COMMITTEE ID: 1422963</td>
<td></td>
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</tr>
</tbody>
</table>

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

**SUBTOTAL:**

- Itemized payment made this period. (Include all Schedule E subtotals.) $2,000.00
- Unitemized payments made this period of under $100 $50.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) $0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $2,050.00
### Schedule F
**Accrued Expenses (Unpaid Bills)**

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

**I.D. NUMBER**
801523

**Statement covers period from 1/1/2021 through 6/30/2020**

**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 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 (ADD REPORT ONE)</th>
<th>(D) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD</th>
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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.)

**INCURRED TOTALS**
$0.00

**PAID TOTALS**
$0.00

**NET**
$0.00

(Except for a negative number)
Schedule H
Loans Made to Others*

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code</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>(F Committee, also enter I.D. Number)</td>
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</tr>
<tr>
<td>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)</td>
<td></td>
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<tr>
<td>(a) Outstanding Balance Beginning This Period</td>
<td>(b) Amount Loaned This Period</td>
<td>(c) Repayment or Forgiveness This Period*</td>
<td>(d) Outstanding Balance at Close of This Period</td>
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<tr>
<td>□ Paid</td>
<td>□ Forgiven</td>
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<td></td>
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<tr>
<td>DATE DUE</td>
<td>DATE DUE</td>
<td>DATE DUE</td>
<td>DATE DUE</td>
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</tbody>
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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.

SUBTOTAL: $ □ $ □ $ □ $ □

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.
   (May be a negative number)

   ** If required.
## Schedule I

**Miscellaneous Increases to Cash**

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

<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>
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</tbody>
</table>

### Schedule I Summary

1. Itemized increases to cash this period. .......................................................... $0.00
2. Un-itemized 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