Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84218.5)

SEE INSTRUCTIONS ON REVERSE

1. **Type of Recipient Committee:**
   - [ ] 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 7)

2. **Type of Statement:**
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Annual Report
     (Also File a Form 410 Termination)
   - [ ] Amendment (Explain below)
     - [ ] Quarterly Statement
     - [ ] Special Odd-Year Report
     - [ ] Supplemental Pre-election Statement - Attach Form 495

3. **Committee Information**
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
     OXNARD FIREFIGHTERS LOCAL 1664 PAC
   - I.D. NUMBER:
     801523
   - STREET ADDRESS (NO P.O. BOX):
     2236 STACY LN
   - CITY:
     CANARILLO
   - STATE:
     CA
   - ZIP CODE:
     93012
   - AREA CODE/PHONE:
     (805) 660-1198
   - Mailing Address:
     426 SPRING OAK RD UNIT 1612
   - CITY:
     CANARILLO
   - 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 9/13/2020**
   **By**
   **Signature of Treasurer or Assistant Treasurer**

   **Executed on**
   **By**
   **Signature of Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor**

   **Executed on**
   **By**
   **Signature of Controlling Officer, Candidate, State Measure Proponent**

   **Executed on**
   **By**
   **Signature of Controlling Officeholder, Candidate, State Measure Proponent**

   **FFPC Form 440 (January 2020)**
   **FFPC Toll-Free Helpline:** 8664-FFPC (866-433-7322)
   **State of California**
## 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) CITY STATE ZIP</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? YES NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE</td>
<td></td>
</tr>
</tbody>
</table>

## 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 PROPOSER |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

## 7. Primarily Formed Candidate/Officeholder Committee

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

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

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

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

**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>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 7/1/2020 through 9/19/2020</td>
<td>Page 2 of 11</td>
</tr>
</tbody>
</table>

**NAME OF FILER**

Oxnard Firefighters Local 1684 PAC

**ID NUMBER**

902523

---

#### Contributions Received

1. Monetary Contributions
   - Schedule A, Line 3
   - Column A: $2,400.00
   - Column B: $6,400.00

2. Loans Received
   - Schedule B, Line 3
   - Column A: $0.00
   - Column B: $0.00

3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2
   - Column A: $2,400.00
   - Column B: $6,400.00

4. Nonmonetary Contributions
   - Schedule C, Line 3
   - Column A: $0.00
   - Column B: $0.00

5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4
   - Column A: $2,400.00
   - Column B: $6,400.00

---

#### Expenditures Made

6. Payments Made
   - Schedule E, Line 4
   - Column A: $2,000.00
   - Column B: $4,050.00

7. Loans Made
   - Schedule H, Line 3
   - Column A: $0.00
   - Column B: $0.00

8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7
   - Column A: $2,000.00
   - Column B: $4,050.00

9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3
   - Column A: $0.00
   - Column B: $0.00

10. Nonmonetary Adjustment
    - Schedule C, Line 3
    - Column A: $0.00
    - Column B: $0.00

11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10
    - Column A: $2,000.00
    - Column B: $4,050.00

---

#### Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16
    - Column A: $35,066.81
    - Column B: $35,066.81

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

14. Miscellaneous Increases to Cash
    - Schedule I, Line 4
    - Column A: $0.00
    - Column B: $0.00

15. Cash Payments
    - Column A, Line 8 above
    - Column A: $2,000.00
    - Column B: $2,000.00

16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - Column A: $35,466.81
    - Column B: $35,466.81

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

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

---

#### Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    - See instructions on reverse
    - Column A: $0.00
    - Column B: $0.00

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

---

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

<table>
<thead>
<tr>
<th>20. Contributions Received</th>
<th>1/1 through 6/30</th>
<th>7/1 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. Expenditures Made</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>22. Cumulative Expenditures Made*</th>
<th></th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If Subject to Voluntary Expenditure Limit

Date of Election

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

---

**FPCC Form 460 (January 2020)**

FPCC Toll-Free Helpline: 8002/852-FFPC (8002/275-3772)
Schedule A
Monetary Contributions Received

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

**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

---

**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)**

**AMOUNT RECEIVED THIS PERIOD**

**CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)**

**PER ELECTION TO DATE (IF REQUIRED)**
Schedule B - Part 1
Loans Received

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>OXNARD FIREFIGHTERS LOCAL 1684 PAC</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

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

<table>
<thead>
<tr>
<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 ON THIS PERIOD</th>
<th>(e) ORIGINAL AMOUNT OF LOAN</th>
<th>(f) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>☐ PAID</td>
<td>☐ FORGIVEN</td>
<td>☐ PAID</td>
<td>☐ FORGIVEN</td>
<td>☐ PAID</td>
</tr>
<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
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<td>☐ FORGIVEN</td>
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<tr>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
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<td>☐ FORGIVEN</td>
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<td>☐ FORGIVEN</td>
<td>☐ PAID</td>
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</tbody>
</table>

**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
   (May be a negative number)

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

*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 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 I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE*</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER OR 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>
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<td>PTY</td>
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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 - 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

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION OF COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 8/23/2020  | Vianey Lopez
Office Description: City Council, Oxnard, Jurisdiction: City, City Council District 6       | Contribution    | $1,000.00                  | $1,000.00           |                                     |                                   |
|            | Support ☐ Oppose ☐                                                                                 |                 |                            |                    |                                     |                                   |
| 8/31/2020  | Bryan McDonald
Office Description: City Council, Oxnard, Jurisdiction: City, City Council               | Contribution    | $1,000.00                  | $1,000.00           |                                     |                                   |
|            | Support ☐ Oppose ☐                                                                                 |                 |                            |                    |                                     |                                   |

SUBTOTAL $2,000.00

Schedule D Summary

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.

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

**NAME AND ADDRESS OF PAYEE**  

<table>
<thead>
<tr>
<th>Payee Details</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
</table>
| Vianey Lopez of Oxnard City Council 2020  
3004 Jackson St  
Oxnard, CA 93033  
COMMITTEE ID: 149205 | Contribution | $1,000.00 |
| Re Elect MacDonald for 4th District Oxnard City Council  
385 S. C St.  
Oxnard, CA 93030  
COMMITTEE ID: 1424124 | Contribution | $1,000.00 |

* 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. Unitemized payments made this period. (Under $100)  
   
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)  
   
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)  

**SUBTOTAL $**  

---

**CALIFORNIA FORM 460**  
Page 8 of 11

**STATEMENT COVERS PERIOD**  
from 7/1/2020  
through 9/19/2020

**ID NUMBER**  
801523
Schedule F
Accrued Expenses (Unpaid Bills)

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

**NOTE:** Payments that you may only have to deduct when reconcile must also be reconciled on Schedule G. Amounts in Column (c) should be reconciled on Schedule G.

<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>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E1)</th>
<th>OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD</th>
</tr>
</thead>
</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>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E1)</th>
<th>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.)

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.)

<table>
<thead>
<tr>
<th>SCHEDULE F</th>
<th>INCURRED TOTALS</th>
<th>PAID TOTALS</th>
<th>NET</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBTOTAL</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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## Schedule H
**Loans Made to Others**

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

### Statement covers period
- from 7/1/2020
- through 9/30/2020

### California Form
- 460

### Name of Filer
- Oxnard 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>(e) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(f) 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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**Subtotal**

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

### Schedule H Summary

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

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

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

---

*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.

** 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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**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

---

**CALIFORNIA FORM 460**

**Statement covers period from 7/1/2020 through 5/19/2020**

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

**ID NUMBER**
801523

**Page 1 of 1**