Type or print in ink. **Recipient Committee CALIFORNIA** 2001/02 **Campaign Statement** E(8) R(V) **Cover Page** Date of election if addicable 24 (Government Code Sections 84200-84216.5) Statement covers period For Official Use Only (Month, Day, Year) 7/1/2017 12/31/2017 through \_ SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Quarterly Statement ☐ Preelection Statement ☐ Primarily Formed Ballot Measure Officeholder, Candidate Controlled Committee Special Odd-Year Report Committee Semi-annual Statement O State Candidate Election Committee O Controlled Supplemental Preelection O Recall ☐ Termination Statement O Sponsored Statement - Attach Form 495 (Also file a Form 410 Termination) (Also Complete Part 5) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 801523 3. Committee Information NAME OF TREASURER JOHN ALBIN COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) OXNARD FIREFIGHTERS LOCAL 1684 PAC MAILING ADDRESS 1743 CERVATO DR AREA CODE/PHONE STATE ZIP CODE CITY STREET ADDRESS (NO P.O. BOX) (805) 660-1198 93012 CAMARILLO 1743 CERVATO DR. NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE STATE ZIP CODE CITY CAMARILLO 93012 (805) 660-1198 CA MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 249 CALLE LARIOS AREA CODE/PHONE ZIP CODE STATE CITY AREA CODE/PHONE STATE ZIP CODE CITY 93010 CA CAMARILLO OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Treasurer: JOHNALBIN@VERIZON.NET johnalbin@verizon.net Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained berein 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 1/19/2018 Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on \_ Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05)

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**COVER PAGE** 

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Executed on .

#### Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 11

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Me	easure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		•	NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF A	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling officeh	nolder, candidate, or state	measure pro	oponent, if any.
			NAME OF OFFICEHOLDER, CANDIDATE	, OR PROPONENT		
Related Committees Not Included in this Statement: In not included in this statement that are controlled by you or are primarily formed contributions or make expenditures on behalf of your candidacy.	ist any committees d to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	. IF ANY
COMMITTEE NAME	I.D. NUMBER			A STATE OF THE STA		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candidat officeholder(s) or candidate(s) for which			t names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CANDIDA	ATE OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDA	OFFICE SOUGH	IT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDA	OFFICE SOUGH	IT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDIDA	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						
CITY STATE ZIP CODE	AREA CODE/PHONE		Attach coi	ntinuation sheets if necess	sary	

## Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period CALIFORNIA FORM 7/1/2017 from \_\_ through \_\_\_\_\_\_ Page  $\frac{3}{}$  of  $\frac{11}{}$ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
OXNARD FIREFIGHTERS LOCAL 1684 PAC

801523

OXNARD FIREFIGHTERS LOCAL 1684 PAC			
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$4,800.00	\$16,767.21	General Elections
Loans Received	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date 20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS	\$4,800.00	\$16,767.21	Received
4. Nonmonetary Contributions	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$4,800.00	\$16,767.21	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$50.00	\$14,324.42	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$50.00	\$14,324.42	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	\$0.00	\$0.00	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(птичнуу)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$50.00	\$14,324.42	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$25,778.51	To calculate Column B, add	Amounts in this section may be different from amounts
13. Cash Receipts	\$4,800.00	amounts in Column A to the corresponding amount	reported in Column B.
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in	
15. Cash Payments Column A, Line 8 above	\$50.00	Column A may be negative figures that should be	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$30,528.51	subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts		any).	
18. Cash Equivalents See instructions on reverse	\$0.00		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00		FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period	CALIFORNIA 4 CO
om	FORM 40U
nrough	Page 4 of 11
· · · · · · · · · · · · · · · · · · ·	

					through 12/31/	2017	Page 4 of 11
NAME OF FILER OXNARD FIREF	ON REVERSE IGHTERS LOCAL 1684 PAC			and the second s	urantomico de accepto		.D. NUMBER 801523
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 T PERIOD	HIS CALENC	IVE TO DATE DAR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					-
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
And the Control of th			SUBTOTAL	. \$			
Schedule A So	ummary  ived this period - itemized monetary contributions. Schedule A subtotals.)	9999		\$0.00		IND - Ind COM - R	ecipient Committee
2. Amount rece	ived this period - unitemized monetary contributions of less the			\$4,800.00	- Andrews de Miller de Mil	OTH - Of	other than PTY or SCC) ther (e.g., business entity) olitical Party
<ol> <li>Total moneta (Add Lines 1</li> </ol>	ary contributions received this period. and 2. Enter here and on the Summary Page, Column A, Lin	e 1.)	TOTAL	\$4,800.00	OCI-min contrology in America		mall Contributor Committee

### Schedule B - Part 1

Type or print in ink. Amounts may be rounded to whole dollars. SCHEDULE B - PART 1

Schedule B - Part 1			may be rounded		Stateme	ent covers period	CALIFORN	IIA 466
Loans Received		to wh	ole dollars.			1/2017	FORM	<sup>11A</sup> 460
					from			
					through .	12/31/2017	Page 5	— of 11
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER	and the second s						I.D. NUMBER	
OXNARD FIREFIGHTERS LOCAL 1684 PAC							801523	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
		1.000		☐ PAID		0/		CALENDAR YEAR
				FORGIVEN	Machine Control Contro	RATE	day and a substitution of the substitution of	PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
				☐ PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
				☐ PAID		%		CALENDAR YEAR
				FORGIVEN		RATE 76	MANAGEM OF LYNN HAM	PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC □					DATE DUE		DATE INCURRED	
THE COME OF THE COOL		SUBTOTAL S		\$			DATE INCOMICE	
Schedule B Summary				<u> </u>	The control of the co	(Enter (e) on Schedule E, Line 3)		and designed a special designed and the specia
Loans received this period				\$0.0	0			
(Total Column (b) plus uniternized loans of less than	\$100.)					*Cont	ributor Codes	
Loans paid or forgiven this period  (Total Column (c) plus loans under \$100 paid or forgular than the content of t	niven )	• • • • • • • • • • • • • • • • • • • •		\$0.0			Individual - Recipient Con (other than PT	
(Include loans paid by a third party that are also iter	nized on Schedule A.)					PTY -	Other (e.g., bu Political Party Small Contribu	siness entity)
<ol> <li>Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Colu</li> </ol>	1.) mn A, Line 2.			NET \$0.0 (May	O	300	Ornan Continu	TO COMMITTEE
*Amounts forgiven or paid by another party also mus	t be reported on Schedule A.						<i>((</i> ()))	100 (1
** If required.						FPPC -		orm 460 (January/05) SK-FPPC (866/275-3772)

#### Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period **CALIFORNIA** 7/1/2017

					from			
					through	2017	Page -	of 11
SEE INSTRUCTIONS O	N REVERSE						I.D. NUMBER	}
NAME OF FILER OXNARD FIREFI	GHTERS LOCAL 1684 PAC						801523	
						CUMULA	TIVE TO	
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	CALENDA (JAN. 1 - E	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC						4
Attach additional i	nformation on appropriately labeled continua	tion sheets.	SL	IBTOTAL \$				
Schedule C Su	mmary					*Contrib	outor Code	S
Amount receiv     (Include all Sc	ved this period - itemized nonmonetary contri hedule C subtotals.)	butions.		\$0.00	ed-ge-ror-in-Million	IND - In	dividual Recipient (	
2. Amount receiv	ved this period - unitemized nonmonetary cor	tributions of less th	an \$100	\$0.00	an experience and control and office	OTH-C		business entity)
3. Total nonmone (Add Lines 1 a	etary contributions received this period. and 2. Enter here and on the Summary Page	e, Column A, Lines 4	4 and 10.)	TOTAL \$0.00				ributor 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  $\frac{7/1/2017}{\text{through}}$   $\frac{12/31/2017}{\text{page}}$   $\frac{7}{\text{page}}$  of  $\frac{11}{\text{LD. NUMBER}}$ 

801523

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

OXNARD FIREFIGHTERS LOCAL 1684 PAC

DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
A CONTRACTOR OF THE PROPERTY O			SUBTOTAL \$			
Schedule D	Summary contributions and independent expenditures made this period. (Ind	olude all Schedule D s	ubtotals.)		ş	0.00

2. Unitermized contributions and independent expenditures made this period of under \$100

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

\$0.00

\$0.00

## Schedule E Payments Made

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

SCHEDULE E CALIFORNIA Statement covers period FORM 7/1/2017 from \_ through \_\_\_\_\_ - of 11 Page 8

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 801523 OXNARD FIREFIGHTERS LOCAL 1684 PAC

CODES: If one of the following codes accurately described 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 MTG OFC PET PHO POL POS PRO PRT	member of meetings office exposition cit petition cit phone bar polling and postage, of	communications and appearances enses rculating	RAD RFD SAL TEL TRC TRS TSF VOT WEB	rwise, describe the payment radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meal staff/spouse travel, lodging, and metransfer between committees of the voter registration information technology costs (interr	costs s eals same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE OR E	ESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures must also	oe sumn	narized on S	Schedule D.		SUBTOTAL	
Schedule E Summary  1. Itemized payment made this period. (Include all Schedule E subtotals.)  2. Unitemized payments made this period of under \$100  3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)						\$50.00
<ol> <li>Total interest paid this period on loans. (Enter amount from Schedule B, Fart 1, Column (e).)</li> <li>Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)</li> </ol>						

## Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F Statement covers period CALIFORNIA FORM 7/1/2017 from \_\_\_ through \_\_\_\_\_ Page 9 of 11

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER 801523 NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC

CNS campaign paraprior transformed:  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	bes the payment, you r MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime RFD returned con SAL campaign wo TEL t.v. or cable of TRC candidate tra TRS staff/spouse TSF transfer betwo VOT voter registra WEB information te	and production tributions orkers' salaries airtime and production or avel, lodging, and meals travel, lodging, and mea veen committees of the s ation echnology costs (interne	osts Is ame candidate/sponsor t, e-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD
Payments that are contributions or independent expenditures must also be summarized on Schedule D. symmatrized on Schedule D.	SUBTOTAL S	\$	S	5 5	
Schedule F Summary					
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.)					
<ol><li>Total accrued expenses paid this period. (Include all Schedule F, Colum accrued expenses of \$100 or more, plus total unitemized payments on ac</li></ol>	in (c) subtotals for payments or ccrued expenses under \$100.)	1		PAID TOTALS	\$0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the difference on the Summary Page, Column A, Line 9.)	e here and			NET	\$0.00 (May be a negative number)

#### Schedule I Miscellaneous Increases to Cash

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

SCHEDULE I Statement covers period CALIFORNIA 7/1/2017

IAIIOPCIIGII	CONSTITUTIONS to Swell	from					
			through	Page of			
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  OXNARD FIREFIGHTERS LOCAL 1684 PAC							
DATE RECEIVED	ECEIPT	AMOUNT OF INCREASE TO CASH					
			SUBTOTAL				
Schedule I Su	mmarv						
	eases to cash this period.		\$0.00	-			
2. Unitemized in	ncreases to cash of under \$100 this period.	\$0.00	-				
3. Total of all in	\$0.00	•					
4 mm r r r	aneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the ige, Line 14.)			<del>-</del>			