Oxnard City Clerk

COVER PAGE

Type or print in ink. **Recipient Committee** CALIFORNIA Campaign Statement 2001/02 FORM Cover Page Page $\frac{1}{}$ of $\frac{11}{}$ (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period For Official Use Only (Month, Day, Year) 5/20/2018 from 6/30/2018 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 Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Special Odd-Year Report Committee O State Candidate Election Committee Semi-annual Statement O Controlled O Recall Supplemental Preelection Termination Statement O Sponsored Statement - Attach Form 495 (Also Complete Part 5) (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored O Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 801523 3. Committee Information NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) JOHN ALBIN OXNARD FIREFIGHTERS LOCAL 1684 PAC MAILING ADDRESS 1743 Cervato Dr AREA CODE/PHONE CITY STATE ZIP CODE STREET ADDRESS (NO P.O. BOX) (805) 660-1198 93012 CAMARILLO CA 1743 CERVATO DR. NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE STATE ZIP CODE CITY (805) 660-1198 93012 CA CAMARILLO MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 249 CALLE LARIOS AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE STATE CITY 93010 CA CAMARILLO OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Treasurer: JOHNALBINGVERIZON.NET johnalbin@verizon.net 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge he information on the information of the information o under penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed on 7/30/2018 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) Executed on _ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART	2
CALIFORNIA A CO	
FORM 460	
	PRINCE N
Page 2 of 11	ı

Officeholder or Candidate Controlled Committee			. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF		BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling office	eholder, candidate, or state n	neasure proponent, if any.		
			NAME OF OFFICEHOLDER, CANDIDA	TE, OR PROPONENT			
Related Committees Not Included in this Statement not included in this statement that are controlled by you or are primarily for contributions or make expenditures on behalf of your candidacy.			OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY		
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candid officeholder(s) or candidate(s) for who				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGH	T OR HELD SUPPORT OPPOSE		
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGH	T OR HELD SUPPORT		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGH			
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGH	T OR HELD SUPPORT		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					LJOPPOSE		
CITY STATE ZIP CODE	AREA CODE/PHONE		Attach o	ontinuation 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 / CO
from	FORM 460
through 6/30/2018	Page 3 of 11
	I.D. NUMBER 801523

SEE INSTRUCTIONS ON REVERSE NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$1,600.00	\$4,800.00	General Elections
2. Loans Received	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date 20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS	\$1,600.00	\$4,800.00	Received
4. Nonmonetary Contributions	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$1,600.00	\$4,800.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$0.00	\$13,000.00	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made*
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$0.00	\$13,000.00	(If Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)	\$0.00	\$0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$0.00	\$13,000.00	
Current Cash Statement			
12. Beginning Cash Balance	\$20,728.51	To calculate Column B, add	Amounts in this section may be different from amounts
13. Cash Receipts	\$1,600.00	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	\$0.00	Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$22,328.51	figures that should be 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 (Janu FPPC Toll-Free Helpline: 866/ASK-FPPC (866/2)

Schedule A **Monetary Contributions Received**

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

	SCHEDULE
Statement covers period	CALIFORNIA A C C
from	FORM 460
through 6/30/2018	Page 4 of 11
	I.D. NUMBER

			110111				
SEE INSTRUCTIONS	ON REVERSE				through -	6/30/2018	Page 4 of 11
NAME OF FILER	IGHTERS LOCAL 1684 PAC	economica de la companion de l					I.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 TH PERIOD		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - 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					
			SUBTOTAL \$				
Schedule A Set 1. Amount rece (Include all S	ummary ived this period - itemized monetary contributions. schedule A subtotals.)		<u>ş</u>	0.00	sscoredated to checke	IND - Ir COM -	butor Codes individual Recipient Committee
•	ived this period - unitemized monetary contributions of less th			1,600.00	aaraninasimi middel	OTH -	(other than PTY or SCC) Other (e.g., business entity)
2 Total monate	nry contributions received this period. and 2 Enter here and on the Summary Page, Column A, Lin			1,600.00			Political Party Small Contributor Committee

Schedule B - Part 1 Loans Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 5/20/2018 FORM 460

SEC INSTRUCTIONS ON DEVENS					through	6/30/2018	Page 5	— of 11
SEE INSTRUCTIONS ON REVERSE NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC							I.D. NUMBER 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
				☐ PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC	-	***************************************			DATE DUE		DATE INCURRED	etimonina yang manamatana historia di Shini di Galadini — Galadini
				☐ PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
				☐ PAID		%	andra annua I I i annua annua I I i annua an	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
		SUBTOTAL S	}	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	,	
Loans received this period (Total Column (b) plus unitemized loans of less than	n \$100.)			\$0.0	00		ributor Codes	
Loans paid or forgiven this period					00	. COM	Individual - Recipient Con (other than P1	Y or SCC)
(Include loans paid by a third party that are also iter	nized on Schedule A.)			NET \$0.0	00	PTY -	Other (e.g., bu Political Party Small Contribu	
3. Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Colu	mn A, Line 2.	***************************************			be a negative number)	- [

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

** If required.

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

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE (
Statement covers period	california 460
from	FORM 40U
through	Page 6 of 11
	LD. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 801523 OXNARD FIREFIGHTERS LOCAL 1684 PAC CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) IF AN INDIVIDUAL, ENTER AMOUNT/ FAIR MARKET VALUE PER ELECTION FULL NAME, STREET ADDRESS AND DESCRIPTION OF CONTRIBUTOR OCCUPATION AND EMPLOYER DATE TO DATE (IF REQUIRED) ZIP CODE OF CONTRIBUTOR GOODS OR SERVICES (IF SELF-EMPLOYED, ENTER NAME CODE* RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) СОМ PTY SCC COM
OTH
PTY
SCC СОМ PTY SCC ☐ IND □ сом □ отн PTY

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.)	\$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 SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from $\frac{5/20/2018}{6/30/2018}$ Page $\frac{7}{200}$ of $\frac{11}{200}$

Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
OXNARD FIREFIGHTERS LOCAL 1684 PAC

LD. NUMBER
801523

gradiena protection and a second templated below the									
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							
SUBTOTAL \$									
Schedule D Summary 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)									
Unitemized 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.)								

Schedule E Payments Made

Type or print in ink. Amounts may be rounded

SCHEDULE E Statement covers period CALIFORNIA FORM 5/20/2018 from -6/30/2018 through -I.D. NUMBER 801523

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CODES: If one of the following codes accurately design compaign 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		member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)			RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and production returned contributions GAL campaign workers' salaries rEL t.v. or cable airtime and production costs rRC candidate travel, lodging, and meals rRS staff/spouse travel, lodging, and meals rSF transfer between committees of the same cand voter registration		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE OR	DESC	RIPTION	OF PAYMENT	AMOUNT PAID	
* Payments that are contributions or independent expenditures must also	be summ	narized on S	Schedule D.			SUBTOTALS		
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).)								
R. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)								

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 5/20/2018 from 6/30/2018 of 11 Page 9 through -

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

COD	PES: If one of the following codes accurately des	cribes	the payment, you	may enter the code	. Othe	rwise, des	cribe the payment	•
CMP	campaign paraphernalia/misc.	MBR			RAD		and production	
CNS	campaign consultants	MTG	meetings and appeara	inces	RFD	returned cor	•	
CTB	contribution (explain nonmonetary)*	OFC	office expenses		SAL		orkers' salaries	
CVC	civic donations	PET	PET petition circulating			. •	airtime and production of	osts
FIL	candidate filing/ballot fees	PHO	phone banks		TRC		avel, lodging, and meals	
FND	fundraising events	POL	polling and survey res	earch	TRS		travel, lodging, and mea	
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and	messenger services	TSF		-	same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registr		
LIT	campaign literature and mailings	PRT	print ads		WEB	information t	echnology costs (interne	et, e-mail)
				(a)		(h)	(c)	(d)
***	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	CODE OR SCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD		(b) FINCURRED PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD
					***************************************	CONTRACTOR PRODUCTION OF PLAN DECEMBRICATION OF THE PERSON		AND A Dark Service (Section Control of Contr
				A Property of the Control of the Con				
			New Committee and Committee Committee Committee Committee Committee Committee Committee Committee Committee Co		erce en contrato montro contrato.	MARCON MARCON CONTRACTOR CONTRACT	- District and the complete transfer and the control of the contro	ngan ing mga mga nga nga nga nga nga nga nga nga nga n
		ŀ						
						alatanaja etmataja etgi intrapi, intraksionina, geograpija ing procejorga i goja		MPP Charles had been been to be up and a great arm on the complete arm of the complete are arm of the complete arm of the complete arm of the complete are are arm of the complete are are arm of the complete are are arm
* Payments summarized	that are contributions or independent expenditures must also be summarized on Schedule D. I on Schedule D.		SUBTOTAL:	3		(
	dule F Summary				, 1848 - 1848 - 184			

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.)	\$0.00
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.)	\$0.00
	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	\$0.00 (May be a negative number)

Schedule H I came Mada to Othere*

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

SCHEDULE H CALIFORNIA 1 CO Statement covers period

Loans made to Others		to whole dollars.			from5	from5/20/2018		FORM TOU	
						6/30/2018	- Page 10	of	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC		MS					I.D. NUMBER 801523		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENESS THIS PERIOD*	(d) R OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE	
				☐ PAID		%		CALENDAR YEAR	
				FORGIVEN		RATE	- Seguing grows representatives that and ASP 20 Annual Medical COST	PER ELECTION**	
		42 m/14 mind of mind annual and deformation on any angular annual			DATE DUE		DATE INCURRED		
				PAID		%		CALENDAR YEAR	
				FORGIVEN	gegelegepulmanel indicated in the property of the minimum of the contract of t	RATE		PER ELECTION**	
					DATE DUE		DATE INCURRED	pourment and phylogenic by the deposit of the desired and the	
*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 (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period(Total Column (b) plus unitemized loans of less the	an \$100.)			<u>\$0</u>	.00	000**			
Payments received on loans(Total Column (c) plus unitemized payments of less	ss than \$100.)			<u>\$0</u>	.00	incia.		** If required.	
Net change this period. (Subtract Line 2 from Line)	a 1)			NET \$0	.00				
Enter the net here and on the Summary Page, Co	lumn A, Line 7.	,,		(Ma	ay be a negative number)			

Schedule I Miscellaneous Increases to Cash

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

	SCHEDULE
Statement covers period	CALIFORNIA A CO
from	FORM 40U
through 6/30/2018	Page 11 of 11
	ID NUMBER

			from			
GEE INO.	STRUCTIONS ON DEVERSE		through	Page <u>11</u> of <u>11</u>		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC						
	DATE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH		
ang kang garang kan di sa d						
			SUBTOTAL S			
Sched	dule I Summary		\$0.00	and a second property of the second property		
1. Iter						
3. Toi	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.)						