CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS V Date Initial Filing Received Official Use Only COVER PAGE

Please type or print in ink.		ZU18 AUG -8 PM 2: 06					
NAME OF FILER (LAST)		FIRST)			(MIDDLE)		
Ва	sua C	Gabriela	1000				
1. (Office, Agency, or Court						
7	Agency Name (Do not use acronyms)	.net for the character of an activation and the character of an activation and the character of a character of	i yayan girin a firmiya karalarya kiliminin dikila kilikilariki rakir di sakiriliki dikilariki kilikilariki di		Abdrogright groups a contract physical information in the contract of the cont		
	City of Oxnard						
Ĩ	Division, Board, Department, District, if applicable		Your Posi	ition		THE STATE OF THE S	
	City Council District 5		Candid	late for City Council			
	If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
	Agency:	Position:					
2.	. Jurisdiction of Office (Check at least one box)						
[State		☐ Judge d	or Court Commissioner (Sta	atewide Jurisdiction)		
1	Multi-County	nythanyaraanyyaraanaayaraanaanaanahanooha	☐ County	of			
ſ	⊠ City of Oxnard						
l.	oity of		Other _				
3.	Type of Statement (Check at least one box)						
[Annual: The period covered is January 1, 2017, through December 31, 2017.		☐ Leavin (Check	g Office: Date Left	1		
	The period covered is/	, through		period covered is January ving office.	, 1, 2017, through the date	of	
[Assuming Office: Date assumed/	of/				ıgh	
[Candidate: Date of Election Nov 6, 2018 and office sought, if different than Part 1:						
4. Schedule Summary (must complete) ► Total number of pages including this cover page:1							
	Schedules attached						
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached					
	Schedule A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule attached				
	Schedule B - Real Property - schedule attached		Schedule E - //	ncome – Gifts – Travel Pay	ments – schedule attached	t	
-O	i in						
[■ None - No reportable interests on any schedule	е					
5. V	/erification						
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	edentiningin ka tilijin der didiseren en skirjin in etar pripinte di energi mengine e a an	STATE	ZIP CODE		
	3700 Dallas Drive	Oxnard		CA	93033		
ì	DAYTIME TELEPHONE NUMBER	1	E-MAIL ADDRESS				
(805) 443-1268						
l	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained erein and in any attached schedules is true and complete. I acknowledge this is a public document.						
ı	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
ľ	Date Signed August 8, 2018	Sia	nature	barra			
	(month, day, year)			(File the originally signed statemen	nt with your filing official.)	-	