

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 09/09/2018	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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Date Stamp
Oxnard City Clerk
2020 AUG -3 AM 10:25

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Vianey Lopez for Oxnard City Council 2020				NAME OF TREASURER Patty Quiroz			
STREET ADDRESS (NO P.O. BOX) 3004 Jackson St.				STREET ADDRESS (NO P.O. BOX) 1104 N. 6th St.			
CITY Oxnard	STATE CA	ZIP CODE 93033	AREA CODE/PHONE 805-204-7500	CITY Port Hueneme	STATE CA	ZIP CODE 93041	AREA CODE/PHONE 805-889-6711
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Vianey Lopez			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) vianey.lopez56@gmail.com				STREET ADDRESS (NO P.O. BOX) 3004 Jackson St.			
CITY Oxnard	STATE CA	ZIP CODE 93033	AREA CODE/PHONE 805-204-7500	CITY Oxnard	STATE CA	ZIP CODE 93033	AREA CODE/PHONE 805-204-7500
COUNTY OF DOMICILE Ventura	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Oxnard			NAME OF PRINCIPAL OFFICER(S) Vianey Lopez			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) 3004 Jackson St.			
				CITY Oxnard	STATE CA	ZIP CODE 93033	AREA CODE/PHONE 805-204-7500

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 8/3/2020 By Patricia J. Quiroz
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/3/2020 By Vianey Lopez
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Vianey Lopez for Oxnard City Council 2020	I.D. NUMBER 1409205
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 805-982-8980	BANK ACCOUNT NUMBER Redacted	
ADDRESS 2831 Saviers Rd.	CITY Oxnard	STATE CA	ZIP CODE 93033

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Vianey Lopez	Oxnard City Council, District 6	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>