

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of termination

Received  
Oxnard City Clerk  
2018 AUG -7 PM 5:26

Date Stamp	<b>CALIFORNIA FORM 410</b> For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number (if applicable)</b>	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
**Vianey Lopez for Oxnard City Council 2018**

STREET ADDRESS (NO P.O. BOX)  
**3004 Jackson St.**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Oxnard CA 93033 805-204-7500**

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
**vianey.lopez256@gmail.com**

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**Ventura Oxnard**

NAME OF TREASURER  
**Patricia Quiroz**

STREET ADDRESS (NO P.O. BOX)  
**1104 N. 6th St.**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Port Hueneme CA 93041 805-889-6711**

NAME OF ASSISTANT TREASURER, IF ANY  
**vianey Lopez**

STREET ADDRESS (NO P.O. BOX)  
**3004 Jackson St.**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Oxnard CA 93033 805-204-7500**

NAME OF PRINCIPAL OFFICER(S)  
**vianey Lopez**

STREET ADDRESS (NO P.O. BOX)  
**3004 Jackson St.**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Oxnard CA 93033 805-204-7500**

Attach additional information on appropriately labeled continuation sheets.

**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 8/7/2018 By Patricia Quiroz  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/07/2018 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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Vianey Lopez for Oxnard City Council 2018

I.D. NUMBER

- 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	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
Vianey Lopez	Oxnard City Councilmember, 6	2018	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	

**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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee  COUNTY Committee  STATE Committee  Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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