

**STATEMENT OF ECONOMIC INTERESTS**

Date Initial Filing Received  
Official Use Only

**COVER PAGE**

Received  
 Oxnard City Clerk

Please type or print in ink.

NAME OF FILER (LAST) Lopez (FIRST) Vianey Lucia 2018 AUG -7 PM 5:26 (MIDDLE)

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) City of Oxnard  
 Division, Board, Department, District, if applicable District 6 Your Position Candidate 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
- Multi-County \_\_\_\_\_
- City of Oxnard
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2017.
- Assuming Office:** Date assumed \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate:** Date of Election 11/06/2018 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete)**

▶ Total number of pages including this cover page: 2

**Schedules attached**

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

**None** - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
300 W. Third Street Oxnard CA 93030  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(805) 204-7500 vianey.lopez56@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 08/07/2018  
(month, day, year)

Signature Vianey Lopez  
(File the originally signed statement with your filing official.)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Vianey Lopez

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
California State Assembly

ADDRESS (Business Address Acceptable)  
State Capitol, Rm. 3010 Sacramento  
95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government - Legislative Member office

YOUR BUSINESS POSITION  
District Coordinator

GROSS INCOME RECEIVED     No Income - Business Position Only  
 \$500 - \$1,000                     \$1,001 - \$10,000  
 \$10,001 - \$100,000             OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Hueneme Elementary School District

ADDRESS (Business Address Acceptable)  
205 North Ventura Rd. Port Hueneme

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
School District

YOUR BUSINESS POSITION  
Governing Board Member

GROSS INCOME RECEIVED     No Income - Business Position Only  
 \$500 - \$1,000                     \$1,001 - \$10,000  
 \$10,001 - \$100,000             OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other stipend  
 (Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_ %     None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None                     Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_