Statement of Organization		Received Oxnard City Clerk		Date Stamp	CALIFOR	
Recipient Com Statement Type	Initial O Not yet qualified	Amendment D 2018 SEP	Termination – See Part 5	ECRIVED AND FILE the office of the Secretary of S of the State of California	FORN For C	fficial Use Only
	O Date qualification threshold met	Date qualification threshold met	Date of termination	SEP 18 2018		
1. Committee In	formation I.D. Numb		2. Treasurer and	Other Principal Office	rs e e	
STREET ADDRESS (NO P.O.	BOX)	City Council 2018	CITY	. 6th St.	ZIP CODE	AREA CODE/PHONE
CITY OXNOV	rd CA	CODE AREA CODE/PHONE 93033 805-204-7500	NAME OF ASSISTANT TREASURER STREET ADDRESS (NO P.O. BOX)		93041	805-889-6711
E-MAIL ADDRESS (REQUIR VIANCY COUNTY OF DOMICILE VENTURE	1.10pez560gwail.		NAME OF PRINCIPAL OFFICER(S)	STATE STATE	ZIP CODE	AREA CODE/PHONE
	information on appropriately lab	beled continuation sheets.	STREET ADDRESS (NO P.O. BOX)	CKSON St.	21P CODE 93033	AREA CODE/PHONE 805-204-7500
3. Verification I have used all repenalty of perjunction Executed on Executed on Executed on Executed on	By	SIGNATURE OF CONTROLLIN	JE AND CORPECT. THE OFFICEHOLDER, CANDIDATE, OR STATE IG OFFICEHOLDER, CANDIDATE, OR STATE	RER MEASURE PROPONENT MEASURE PROPONENT	e and complete.	I certify under
	DATE	SIGNATURE OF CONTROLLIN	NG OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE COMMITTEE NAME, VIANCY LOPEZ For Dayard City Council 2018 * All committees must list the financial institution where the campaign bank account is located. * All committees must list the financial institution where the campaign bank account is located.

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	CITY	G100 4 50 41	With Address
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ADDRESS	CITY	STATE	ZIP CODE
ADDRESS	CITY	STATE	ZIP CODE
ADDRESS	CITY	STATE	ZIP CODE

BANK ACCOUNT NUMBER

AREA CODE/PHONE

4. Type of Committee Complete the applicable sections.

Controlled Committee

NAME OF CINANCIAL INSTITUTION

- 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	(1	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PAR CHECK				
Vianey Lopez	Oxno	and City Council member	2018	Nonpartisan	Partisan (I	ist political party l	below)	
				Nonpartisan	Partisan (l	ist political party l	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 LET IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	rer)	CANDIDATE(S) OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NO., CITY OR O				CHECK	ONE	
					-	SUPPORT	OPPOSE	
						SUPPORT	OPPOSE	