

1409205

Statement of Organization
Recipient Committee

Statement Type Initial

Not yet qualified
or
 Date qualified as committee

Received
Oxnard City Clerk

Amendment

Termination - See Part 5

Received
Oxnard City Clerk

AUG 13 2018
2018 SEP -6 PM 4:15
2018 AUG -7 PM 5:26

CALIFORNIA FORM 410
For Official Use Only
R/A

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

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 805-889-1711

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 8/17/2018 By Patricia A. 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

**CALIFORNIA
FORM 410**

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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 Council member, 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

Clear Page

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