Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Not yet qualified or
☐ Date qualification threshold met
☐ Amendment
☑ Date qualification threshold met
09/09/18
☐ Termination – See Part B
☐ Date of termination

1. Committee Information
I.D. Number (if applicable) 1409205
NAME OF COMMITTEE
Vianey Lopez for Oxnard City Council 2018
STREET ADDRESS (NO PO. BOX)
3004 Jackson St.
CITY Oxnard
STATE CA
ZIP CODE 93033
AREA CODE/PHONE 805-204-7500
FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED)/ FAX (OPTIONAL)
vianey.lopez56@gmail.com

COUNTY OF DOMICILE Ventura
JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Patricia Quiraz
STREET ADDRESS (NO PO. BOX)
1104 N. O St.
CITY Port Hueneme
STATE CA
ZIP CODE 93041
AREA CODE/PHONE 805-889-6711

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO PO. BOX)
CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER
Vianey Lopez
STREET ADDRESS (NO PO. 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 9/12/18 By Patricia J. Quiraz
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/14/18 By Vianey Lopez
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

Executed on DATE By
SIGNATURE OF CONTROLLING OFFICERHOLDER, 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: Vianey Lopez for Oxnard City Council 2018

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vianey Lopez</td>
<td>Oxnard City Council Member 2018</td>
<td></td>
<td></td>
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<tr>
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<td>☑</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHECK ONE</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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