Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 10/21/2018
through 12/31/2018

Date of election if applicable:
(Month, Day, Year)
11/06/2018

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
     - [ ] State Candidate Election Committee
     - [ ] Recall
       (Also Complete Part 5)
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
       (Also Complete Part 6)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - [ ] Preelection Statement
   - [ ] Quarterly Statement
   - [ ] Semi-annual Statement
   - [ ] Special Odd-Year Report
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER
   1409205

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Vianey Lopez for Oxnard City Council 2018

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

   CITY
   Oxnard

   STATE
   CA

   ZIP CODE
   93033

   AREA CODE/PHONE
   805-204-7500

   Mailing Address (If Different) No. and Street or P.O. Box
   mailing address
   1104 N. 6th St.

   CITY
   Port Hueneme

   STATE
   CA

   ZIP CODE
   93041

   AREA CODE/PHONE
   805-889-6711

   NAME OF ASSISTANT TREASURER, IF ANY
   Vianey Lopez

   Mailing Address (If Different) No. and Street or P.O. Box
   mailing address
   3004 Jackson St.

   CITY
   Oxnard

   STATE
   CA

   ZIP CODE
   93033

   AREA CODE/PHONE
   805-204-7500

   OPTIONAL: FAX / E-MAIL ADDRESS
   vianey.lopez56@gmail.com

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/30/2019
   Date
   By ________________
   Signature of Treasurer

   Executed on 1/30/2019
   Date
   By ________________
   Signature of Treasurer

   Executed on
   Date
   By ________________
   Signature of Treasurer

   Executed on
   Date
   By ________________
   Signature of Treasurer

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vianey Lopez</td>
<td></td>
</tr>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>Oxnard City Councilmember, District 6</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
<tr>
<td>3004 Jackson St.</td>
<td>Oxnard</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEGINNING CASH BALANCE</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

## Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUMULATIVE EXPENDITURES MADE</td>
<td>If Subject to Voluntary Expenditure Limit</td>
</tr>
<tr>
<td>Date of Election (mm/dd/yy)</td>
<td>Total to Date</td>
</tr>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>OUTSTANDING DEBTS</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>
## Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   
   (Include all Schedule A subtotals.) $850.00

2. Amount received this period – unitemized monetary contributions of less than $100 $75.00

3. Total monetary contributions received this period.
   
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $925.00

---

### Date
<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name, Street Address and ZIP Code of Contributor</th>
<th>Contributor Code</th>
<th>Contributor Code</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date Calendar Year (Jan. 1 - Dec. 31)</th>
</tr>
</thead>
</table>
| 10/25/18 | Parkstone Companies
3033 5th Avenue, Ste.335
San Diego, CA92103 | ☐ IND
☐ COM
☑ OTH
☐ PTY
☐ SCC | ☐ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC | $250.00 | 250.00 |
| 10/27/18 | Oxnard 2020 Coalition ID: 1403750
30101 Town Center Dr., Ste. 204
Laguna Niguel, CA 92677 | ☑ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC | ☑ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC | $250.00 | 250.00 |
| 10/28/18 | Cheri Orgel
1007 Ocean Ave, PH 4
Santa Monica, CA 90403 | ☑ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC | ☑ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC | Staff
US House of Representatives | $150.00 | 150.00 |
| 10/29/18 | Yolanda Benitez
285 Alviso Dr.
Camarillo, CA 93010 | ☑ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC | ☑ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC | Retired | $100.00 | 100.00 |
| 11/01/18 | Ryan Valencia
2470 Marie St.
Simi Valley, CA 93065 | ☑ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC | ☑ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC | Campaign Manager
Christy Smith for Assembly | $100.00 | 100.00 |
## Schedule B - Part 1
### Loans Received

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Name of Filer</th>
<th>Address</th>
<th>Occupation</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received This Period</th>
<th>Amount Paid on Unpaid/Forgiven This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vianey Lopez</td>
<td>3004 Jackson St. Oxnard, CA 93033</td>
<td>District Director, CA State Assembly</td>
<td>$800.00</td>
<td>$800.00</td>
<td>$800.00</td>
<td>0</td>
<td>08/07/18</td>
<td>$800.00</td>
<td>CALENDAR YEAR</td>
</tr>
</tbody>
</table>

### Schedule B Summary

1. Loans received this period (Total Column (b) plus unfinanced loans of less than $100.)

2. Loans paid or forgiven this period (Total Column (c) plus loans under $100 paid or forgiven.)

3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.

**Contributor Codes**
- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.**

**If required.
### Schedule E Payments Made

**NAME OF FILER**

Vianey Lopez for Oxnard City Council 2018

**I.D. NUMBER**

1409205

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP** campaign materials/nail/supply
- **CNS** campaign consultants
- **CTB** contributor (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers’ salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lazer Broadcasting</td>
<td>RAD</td>
<td>Food for election party</td>
<td>$2,850.00</td>
</tr>
<tr>
<td>200 South A Street, Suite 400</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93031</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wood Ranch BBQ &amp; Grill</td>
<td></td>
<td></td>
<td>$328.85</td>
</tr>
<tr>
<td>3449 E Main St.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodland Hills Printing</td>
<td>LIT</td>
<td>Literature</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>21602 Ventura Blvd.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodland Hills, CA 91364</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** $4178.85

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $4561.70
2. Unitemized payments made this period of under $100. $109.58
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $4671.28

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule E (Continuation Sheet)
**Payments Made**

**NAME OF FILER**
Vianey Lopez for Oxnard City Council 2018

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Hills Printing</td>
<td>LIT</td>
<td></td>
<td>382.85</td>
</tr>
<tr>
<td>21602 Ventura Blvd.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodland Hills, CA 91364</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CMP</th>
<th>CNS</th>
<th>CTB</th>
<th>CVC</th>
<th>FIL</th>
<th>FND</th>
<th>IND</th>
<th>LEG</th>
<th>LIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>campaign paraphernalia/misc.</td>
<td>campaign consultants</td>
<td>contributor (explain nonmonetary)*</td>
<td>civic donations</td>
<td>candidate filing/ballot fees</td>
<td>fundraising events</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
<td>legal defense</td>
<td>campaign literature and mailings</td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Hills Printing</td>
<td>LIT</td>
<td></td>
<td>382.85</td>
</tr>
<tr>
<td>21602 Ventura Blvd.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodland Hills, CA 91364</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYMENTS**

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*

**SUBTOTAL $**

382.85

**Statement covers period**
from 10/21/2018 through 12/31/2018

**CALIFORNIA FORM 460**
Page 7 of 8
Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 10/21/2018 through 12/31/2018

CALIFORNIA FORM 460
Page 8 of 8

I.D. NUMBER 1409205

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vianey Lopez for Oxnard City Council 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MFG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Hills Printing 21602 Ventura Blvd. Woodland Hills, CA 91364</td>
<td>LIT</td>
<td>1000.00</td>
<td>0</td>
<td>1000.00</td>
<td>0</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

<table>
<thead>
<tr>
<th></th>
<th>SUBTOTALS $</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000.00</td>
<td>0</td>
<td>1000.00</td>
<td>0</td>
</tr>
</tbody>
</table>

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)..................................................INCURRED TOTALS $ 0

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)..........................................................PAID TOTALS $ 1000.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..........................................................NET $ -1000.00