Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 01/01/2019
through 06/30/2019

Date of election if applicable:
(Month, Day, Year)

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

2. Type of Statement:
   - [ ] Pre-election Statement
   - [X] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   - L.D. NUMBER: 1409205
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Vianey Lopez for Oxnard City Council 2018
   - STREET ADDRESS (NO F.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 F.O. BOX
   - CITY: Oxnard
   - STATE: CA
   - ZIP CODE: 93033
   - AREA CODE/PHONE: 805-204-7500

   Optional: Fax / E-mail Address
   - Via: 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 07/31/2019
   By
   Signature of Treasurer
   Patricia Quiroz

   Executed on 07/31/2019
   By
   Signature of Assistant Treasurer
   Vianey Lopez

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**NAME OF OFFICEHOLDER OR CANDIDATE**

Vianey Lopez

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

Oxnard City Council member, District 6

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP**

3004 Jackson St. Oxnard CA 93033

**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>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
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6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**

**JURISDICTION**

[ ] SUPPORT
[ ] OPPOSE

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

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
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**Attach continuation sheets if necessary**
Campaign Disclosure Statement
Summary Page

NAME OF FILER
Vianey Lopez for Oxnard City Council 2018

Contributions Received

<table>
<thead>
<tr>
<th>1. Monetary Contributions</th>
<th>Schedule A, Line 3</th>
<th>$200.47</th>
<th>$200.47</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>-$800.00</td>
<td>-$800.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$599.53</td>
<td>$599.53</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$599.53</td>
<td>$599.53</td>
</tr>
</tbody>
</table>

Expenditures Made

| 6. Payments Made | Schedule E, Line 4 | $476.64 | $476.64 |
| 7. Loans Made     | Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $476.64 | $476.64 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $476.64 | $476.64 |

Current Cash Statement

| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $6615.28 |
| 13. Cash Receipts          | Column A, Line 3 above | $599.53 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0 |
| 15. Cash Payments          | Column A, Line 8 above | $476.64 |
| 16. ENDING CASH BALANCE    | Add Lines 12 + 13 + 14, then subtract Line 15 | $6783.17 |

If this is a termination statement, Line 16 must be zero.

| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | 0 |

Cash Equivalents and Outstanding Debts

| 18. Cash Equivalents       | See instructions on reverse | 0 |
| 19. Outstanding Debts      | Add Line 2 + Line 9 in Column B above | -$800.00 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
   Date of Election (mm/dd/yy) | Total to Date
   __________________________ | __________
   / / / | $__________
   / / / | $__________

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).

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule A
### Monetary Contributions Received

Amounts may be rounded to whole dollars.

**Statement covers period**
- From **01/01/2019**
- Through **04/30/2019**

**NAME OF FILER**

Vianey Lopez for Oxnard City Council 2018

**I.D. NUMBER**

1409205

### DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)
--- | --- | --- | --- | --- | --- | ---
01/31/19 | Carina Armenta 1361 Graham St. Simi Valley, CA 93065 | IND | District Director, U.S. House of Representatives | $200.47 | $200.47 | |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .......................................................... $200.47
2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $200.47

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule B – Part 1

#### Loans Received

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

**Statement covers period from 01/01/2019 through 06/30/2019**

**NAME OF FILER**

Vianey Lopez for Oxnard city council 2018

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

Vianey Lopez

3004 Jackson St

Oxnard, CA 93033

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER**

District Director, CA State Assembly

**OUTSTANDING BALANCE BEGINNING THIS PERIOD**

$800.00

**AMOUNT PAID OR FORGIVEN THIS PERIOD**

☐ PAID

$0

☐ FORGIVEN

$800.00

**OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD**

DATE DUE

$800.00

08/07/18

**INTEREST PAID THIS PERIOD**

RATE

% 0

**ORIGINAL AMOUNT OF LOAN**

$800.00

**CUMULATIVE CONTRIBUTIONS TO DATE**

PER ELECTION**

$0

DATE INCURRED

08/07/18

**SUBTOTALS**

$800.00

(Sum of all columns)

### Schedule B Summary

1. Loans received this period

   (Total Column (b) plus unitemized loans of less than $100.)

   $0

2. Loans paid or forgiven this period

   (Total Column (c) plus loans under $100 paid or forgiven.)

   (Include loans paid by a third party that are also itemized on Schedule A.)

   $800.00

3. Net change this period. (Subtract Line 2 from Line 1.)

   Enter the net here and on the Summary Page, Column A, Line 2.

   NET $-800.00

   (May be a negative number)

---

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

** If required.

---

**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
## Schedule E Payments Made

**Name of Filer:** Viana Lopez for Oxnard City Council 2018

**I.D. Number:** 1409205

**Statement covers period from 01/01/2019 through 06/30/2019**

### CODES:
- **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
- **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)

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>Payee</th>
<th>Address</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Coast Labor Council</td>
<td>816 Camarillo Springs Rd, Camarillo</td>
<td>MTG</td>
<td></td>
<td>$200.00</td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $200.00
2. Unitemized payments made this period of under $100 ..................................................................................... $200.58
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.) ... TOTAL $400.58