

**STATEMENT OF ECONOMIC INTERESTS**

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**COVER PAGE**

CITY OF OXNARD  
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) 2014 APR -1 A 10:55  
Ramirez Maria Carrillo

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City Council, City of Oxnard

Division, Board, Department, District, if applicable

Your Position

City Councilmember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: City Council, Oxnard Performing Arts Center, Las Cortes Position: Board Member

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PRACTICES COMMISSION  
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**2. Jurisdiction of Office (Check at least one box)**

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of Oxnard

Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5.

I certify under penalty of perjury under the laws of California that the foregoing is true and correct.

Date Signed

3-31-2014

(month, day, year)





**SCHEDULE D**  
**Income – Gifts**

Name  
**Maria Carmen Ramirez**

▶ NAME OF SOURCE (Not an Acronym)  
**California State University Channel Islands**

ADDRESS (Business Address Acceptable)  
**One University Drive, Camarillo, CA 93010**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**State University**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>08 / 01 / 13</b>	<b>\$ 360.00</b>	<b>Parking Pass</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Steve Nash**

ADDRESS (Business Address Acceptable)  
**c/o Planning Commission, City of Oxnard**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**n/a**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>02 / 15 / 13</b>	<b>\$ 60.00</b>	<b>Tickets to Symphony</b>
<b>04 / 24 / 13</b>	<b>\$ 126.00</b>	<b>Tickets to Symphony</b>
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**\*Fed. Institute for Civic Education (German Republic)**

ADDRESS (Business Address Acceptable)  
**Adenaueralle 86 Bonn, Germany**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Civic Education Institute for the Republic of Germany**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>04 / 14 / 13</b>	<b>\$ 800.00</b>	<b>accomodation for</b>
____ / ____ / ____	\$ _____	<b>conference on civic ed.</b>
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Connie Baer**

ADDRESS (Business Address Acceptable)  
**P.O. Box 6337, Ventura, CA 93006**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Lawyer**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>02 / 20 / 13</b>	<b>\$ 200.00</b>	<b>Dinner at Fundraising</b>
____ / ____ / ____	\$ _____	<b>event / VC MRF</b>
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**WELL (Water Educ for Latino Leaders)**

ADDRESS (Business Address Acceptable)  
**930 Colorado Blvd., Bldg 2, Los Angeles, CA 900**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Educational non-profit corporation**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>03 / 22 / 13</b>	<b>\$ 200.00</b>	<b>Attend Conference</b>
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Port of Hueneme**

ADDRESS (Business Address Acceptable)  
**333 Ponoma St., Port Hueneme, CA 93044**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Port**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 27 / 13</b>	<b>\$ 75.00</b>	<b>Lunch with Director</b>
____ / ____ / ____	\$ _____	<b>Of Mexican Ports,</b>
____ / ____ / ____	\$ _____	<b>Fernando Gamboa</b>

Comments: \* I attended conference in Germany in my role as Board member for Center for Civic Ed., a US non-profit corporation, I was provided with lodging but traveled at my own expense; I received a parking pass at CSUCI in acknowledgement of my service on the advisory board for many years.