

Munoz-Schnopp



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing

RECEIVED Received Original Use Only FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE

CG

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) SCHNOPP SYLVIA A. MUNOZ 15 MAR 19 PM 5:21

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF PORT HUENEME
Division, Board, Department, District, if applicable CITY COUNCIL
Your Position COUNCIL MEMBER

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

Agency: SEE ATTACHED SHEET Position:

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

- State, Multi-County, City of PORT HUENEME, Judge or Court Commissioner, County of VENTURA, Other

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2014, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 6
Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached
None - No reportable interests on any schedule



Date Signed 03/12/2015 (month, day, year)



# City of Port Hueneme

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**Statement of Economic Interests  
FPPC Form 700 (2014/15)  
Expanded Filing**

SYLVIA MUÑOZ SCHNOPP  
250 N. Ventura Road  
Port Hueneme, CA 93041  
(805) 986-6501

AGENCY

Port Hueneme Housing Authority  
Port Hueneme Surplus Property Authority  
Port Hueneme Water Agency  
Point Mugu Regional Airport Authority  
Ventura Council of Governments

POSITION

Member  
Commissioner  
Alternate Member  
Alternate Member  
Representative



**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name

**SYLVIA SCHNOPP**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**2509 SEAFOAM COURT**

CITY  
**PORT HUENEME, CA 93041**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/14      **07/07/14**  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
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 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_



# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <b>SYLVIA SCHNOPP</b>

▶ NAME OF SOURCE *(Not an Acronym)*  
**CALIF JOINT POWERS INSURANCE AUTHORITY**

ADDRESS *(Business Address Acceptable)*  
**8081 MOODY STREET, LA PALMA CA 90623**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**INSURANCE AGENCY**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 31 / 14	\$ 399.00	IPAD MINI
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_