

Date Initial Filing Received
MAR 23 2015
Official Use Only



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

MARK A. LUNN
Ventura County Clerk

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Zaragoza John C.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Various Please View Attached List

Division, Board, Department, District, if applicable

Your Position

Board Member

Primary/Alternative

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

Agency: County of Ventura Board of Supervisors

Position: Supervisor, Fifth District

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 APR -1 AM 9:54

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of Ventura

City of _____

Other _____

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left ____/____/____ (Check one)

-or-

The period covered is ____/____/____, through December 31, 2014.

The period covered is January 1, 2014, 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: 7

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. Signature

Information and in any attached schedules is true and complete. I acknowledge that I understand the consequences of providing false information.

I certify under penalty of perjury under the laws of the State of California that the information provided on this statement is true and complete.

Date Signed March 23, 2015
(month, day, year)

Board and Commissions for the Board of Supervisors Appointments 2015

1. Regional Defense Partnership for the 21st Century
Primary Member
2. Association of Water Agencies
Primary Member
3. Oxnard/Camarillo Airport Authority
Primary Member
4. Gold Coast Transit District
Primary Member
5. Beach Erosion Authority for Clean Oceans and Nourishment
Primary Member
6. Ventura County Transportation Commission
Primary Member
7. Juvenile Justice Coordinating Council
Primary Member
8. Behavioral Health Advisory Board
Primary Member
9. Community Leadership Committee
Primary Member
10. California State Association of Counties
Primary Member
11. Air Pollution Control Board
Primary Member
12. Ventura Local Area Formation Commission
Primary Member
13. United Way of Ventura County
Primary Member
14. Fox Canyon Groundwater Management Agency
Alternate Member
15. Ventura County Council of Governments
Alternate Member
16. Channel Islands University Site Authority
Alternate Member
17. Ventura County Public Financing Authority
Primary Member



SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

Name
 John Zaragoza

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Four Plex

ADDRESS (Business Address Acceptable)
 721 South "F" St. Oxnard CA, 93030

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Rental Property

YOUR BUSINESS POSITION
 Owner/Landlord

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 House Rental

ADDRESS (Business Address Acceptable)
 1486 Toluca Way Madera CA, 93638

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Rental Property

YOUR BUSINESS POSITION
 Owner/Landlord

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____

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

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 John Zaragoza

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 House Rental

ADDRESS (Business Address Acceptable)
 808 South "F" St. Oxnard CA, 93030

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Rental Property

YOUR BUSINESS POSITION
 Owner/Landlord

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 House Rental

ADDRESS (Business Address Acceptable)
 1940 Pamela St. Oxnard CA, 93030

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Rental Property

YOUR BUSINESS POSITION
 Owner/Landlord

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____

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

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Zaragoza

▶ NAME OF SOURCE (Not an Acronym)
Platinum Advisory
 ADDRESS (Business Address Acceptable)
1215 K Street Suite 1150 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
119Th Annual CSAC Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 14</u>	<u>\$ 125.80</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Foundation for Commerce&Education
 ADDRESS (Business Address Acceptable)
1215 K Street Suite 1400 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
California Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 26 / 14</u>	<u>\$ 234.72</u>	<u>State Luncheon</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____