

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST	(FIRST)	(MIDDLE)
Zaragoza	John	C.
I. Office, Agend	cy, or Court	
Agency Name (D	Oo not use acronyms)	
City of Oxnar	^r d	
Division, Board, D	Department, District, if applicable	Your Position
City Council		Mayor
► If filing for mul	tiple positions, list below or on an attachment	t. (Do not use acronyms)
Agency: SEE A	ATTACHED LIST	Position:
2. Jurisdiction	of Office (Check at least one box)	
State	,	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
City of Oxn		Other
Tune of Chair	lamont (a) 1 (1 ()	
	tement (Check at least one box)	
	e period covered is January 1, 2021, through cember 31, 2021 .	Leaving Office: Date Left//(Check one circle.)
-or- The	e period covered is 12 , 15 , 2020 cember 31, 2021 .	,
Assuming O	Office: Date assumed	
Candidate:	Date of Election and	office sought, if different than Part 1:
I. Schedule Su Schedules a		tal number of pages including this cover page:5
☐ 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 sche 	odulo
5. Verification	- No reportable interests on any some	suule
MAILING ADDRESS	STREET	CITY STATE ZIP CODE
(Business or Agency A	Address Recommended - Public Document)	
DAYTIME TELEPHON	JE NUMBER	EMAIL ADDRESS
(805) 385-		john.zaragoza@oxnard.org
<u> </u>		t. I have reviewed this statement and to the best of my knowledge the information contained
	attached schedules is true and complete. I	
I certify under p	enalty of perjury under the laws of the Sta	ate of California that the foregoing is true and correct.
D-4- 0' '	04/40/2022 00:59 444	O'mature.
Date Signed	01/19/2022 09:58 AM (month, day, year)	Signature (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
John Zaragoza

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
City of Oxnard	Oxnard Financing Authority	Board Member	City of Oxnard	Annual	12/15/20 - 12/31/21
City of Oxnard	Oxnard Housing Authority	Housing Commissioner	City of Oxnard	Annual	12/15/20 - 12/31/21

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name John Zaragoza

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1940 Pamela Street	808 South "F" Street
CITY	CITY
Oxnard, CA 93036	Oxnard, CA 93030
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
▼ Ownership/Deed of Trust ☐ Easement	X Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 OVER \$100,000	▼ \$10,001 - \$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 Rental Payments Residents: Frankie and Debbie Acosta	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 Rental Payments Residents: Gina & Lawrence Badgett (front house). Efrain Fernando Ponce and Marisela Ponce (Rear house).
business on terms available to members of the public loans received not in a lender's regular course of busi	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
NAME OF LENDER*	
ADDRESS (Rivinger Address Assentable)	Ventura County Credit Union ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	
DISINESS ACTIVITY IS ANY OF LENDED	6026 Telephone Road Ventura, CA 93003 BUSINESS ACTIVITY, IF ANY, OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE TERM (Months/Years)	Mortgage INTEREST RATE TERM (Months/Years)
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years) 4.2 15
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	▼ \$10,001 - \$100,000
	\$500 - \$1,000

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	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
House Rental	House Rental		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
808 South "F" Street Oxnard, CA 93030	1940 Pamela Street Oxnard, CA 93030		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Rental Property	Rental Property		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Owner/Landlord	Owner/Landlord		
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
Other	Other		
(Describe)	(Describe)		
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE Wone None		
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence		
HIGHEST BALANCE DURING REPORTING PERIOD			
\$500 - \$1,000	Real PropertyStreet address		
\$1,001 - \$10,000	Real PropertyStreet address		
	Real PropertyStreet addressCity		
\$10,001 - \$100,000	Street address		
OVER \$100,000	Street address City		
	Street address City		
Comments:	Street address City Other		

SCHEDULE D Income - Gifts



Name

John Zaragoza

12 / 20 / 21	RIPTION OF GIFT(S)
ADDRESS (Business Address Acceptable) Oxnard, CA 93030 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12 / 20 / 21 \$ 92.40	PIPTION OF CIET(S)
Oxnard, CA 93030 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12 / 20 / 21 \$ 92.40 Jacket 301 S. C Street BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 07 / 18 / 21 \$ 75.00 Dinner	DIPTION OF CIET(S)
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12 / 20 / 21 \$ 92.40 Jacket BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 07 / 18 / 21 \$ 75.00 Dinner	PIPTION OF CIET(S)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12 / 20 / 21 \$ 92.40 Jacket 07 / 18 / 21 \$ 75.00 Dinner	PIPTION OF GIFT(S)
12 / 20 / 21	PIPTION OF GIFT(S)
12 / 20 / 21	PIPTION OF GIFT(S)
	th flow of on f(o)
	er
► NAME OF SOURCE (Not an Acronym) Cowboys	
ADDRESS (Business Address Acceptable) Dallas, TX ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	RIPTION OF GIFT(S)
<u>08 / 15 / 21</u> <u>\$ 60.00</u> <u>T-Shirt</u> \$	
► NAME OF SOURCE (Not an Acronym) NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	RIPTION OF GIFT(S)
\$ \$	
Comments:	