

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

County of Ventura  
Date Initial Filing  
SEP 15 2016  
CLERK OF THE BOARD

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
MATLOCK SHANNON

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

HEALTH CARE AGENCY

Division, Board, Department, District, if applicable

Your Position

ASSISTANT DIRECTOR HOSPITAL NURSING

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- 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.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2014.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- 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: \_\_\_\_\_

- 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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 2323 Knoll DRIVE VENTURA CA 93003

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 (805) 672-5110 SHANNONMATLOCK@VENTURA.ORG

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 9/16/16  
(month, day, year)

Signature Shannon Matlock  
(File the originally signed statement with your filing official.)