

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Received
Oxnard City Clerk

CALIFORNIA FORM **460**

Page 1 of 28 22

For Official Use Only

Statement covers period
from 7/1/2016
through 9/24/2016

Date of election if applicable
(Month, Day, Year)
11/8/2016

2016 OCT 28 AM 10:04

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1387287

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

MIGUEL LOPEZ FOR OXNARD MAYOR 2016

STREET ADDRESS (NO P.O. BOX)
1237 S. Victoria Ave. #191

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93035</u>	<u>(805) 889-8169</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Eva E. Lopez

MAILING ADDRESS
1237 S. Victoria Ave. #191

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93035</u>	<u>(805) 984-4108</u>

NAME OF ASSISTANT TREASURER, IF ANY
John Albin

MAILING ADDRESS
249 Calle Larios

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Camarillo</u>	<u>CA</u>	<u>93010</u>	<u>(805) 660-1198</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/23/2016
Date

By Eva E. Lopez
Signature of Treasurer or Assistant Treasurer

Executed on 10/23/2016
Date

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Miguel Lopez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Oxnard

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1237 S. Victoria Ave. #191 Oxnard, CA 93035

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/2016</u> through <u>9/24/2016</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>22</u>
I.D. NUMBER 1387287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MIGUEL LOPEZ FOR OXNARD MAYOR 2016

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 26498.75	\$ 27129.75
2. Loans Received..... Schedule B, Line 3	\$ 1690.42	\$ 2074.14
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 28189.17	\$ 29203.89
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 2.09	\$ 504.60
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 28191.26	\$ 29708.49

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 35078.54	\$ 36026.92
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ _____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 35078.54	\$ 36026.92
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ _____	\$ _____
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 35078.54	\$ 36529.43

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 66.34
13. Cash Receipts..... Column A, Line 3 above	\$ 28189.17
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ _____
15. Cash Payments..... Column A, Line 8 above	\$ 35078.54
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ -6823.03

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 2074.14

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/2016</u> through <u>9/24/2016</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>28</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIGUEL LOPEZ FOR OXNARD MAYOR 2016

I.D. NUMBER

1387287

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/16	Alexander Hamilton 110 Bonita Ct. Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fire Captain City of Oxnard	200	200	
7/8/16	Eduardo Miranda 2600 Pyrate Pl. Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Commander City of Oxnard	100	350	
7/8/16	Maria T. Salazar 315 E. Hemlock St. Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	100	100	
7/8/16	Elizabeth Botello 1561 Windshore Way Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Oxnard Union High School District	200	200	
7/10/16	Joanne Olivares 2304 Mint Way Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admin. Assistant Oxnard Elementary School District	100	100	
SUBTOTAL \$				700		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 23,785.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,713.75
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 26,498.75

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (Cont)

Statement covers period from <u>7/1/2016</u> through <u>9/24/2016</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1387287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIGUEL LOPEZ FOR OXNARD MAYOR 2016

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/10/16	Mike Johnson 2980 Luff Court Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr. Police Officer City of Oxnard	100	100	
7/10/16	Filiberto Marin 8020 Viewcrest Dr. Whittier, CA 90602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Registrar for Evaluations University of LaVerne	100	100	
7/10/16	Jeff Kay 3896 Tiverton Drive Camarillo, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Oxnard	100	100	
7/10/16	Laura Hernandez 372 Chrisman Ave. Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr. Benefits Coordinator City of Oxnard	300	300	
7/10/16	Marcela Cuellar 2932 Weald Way Apt. 1622 Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Professor University of California Davis	100	100	
SUBTOTAL \$				700		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 23,785.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,713.75
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 26,498.75

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (Cont)

Statement covers period from <u>7/1/2016</u>		CALIFORNIA FORM 460
through <u>9/24/2016</u>		
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NAME OF FILER MIGUEL LOPEZ FOR OXNARD MAYOR 2016		I.D. NUMBER 1387287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/16	Johnathan Cantalupo & Leticia Lopez 2617 Vista Loop Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President of Sales Actionpac Scales and Automation	100	100	
7/14/16	Harry D. Cortez 3751 Via Marina Ave. Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Leader Oxnard, CA	100	100	
7/15/16	Artemio G. & Eva E. Lopez 2541 Taffrail Ln. Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500	500	
7/17/16	Jose Morales 268 Village Commons Unit 25 Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker Morales Group Real Estate	200	200	
7/10/16	Marissa Buss 1533 Calle Yucca Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor RE/MAX Infinity	100	100	
SUBTOTAL \$				1000		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ _____
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** _____

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 IND – Individual
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 (other than PTY or SCC)
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**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (Cont)

Statement covers period from <u>7/1/2016</u>	CALIFORNIA FORM 460
through <u>9/24/2016</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER MIGUEL LOPEZ FOR OXNARD MAYOR 2016	I.D. NUMBER 1387287
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/19/16	Ann Walsh 500 Nile River Drive Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr. Development Manager Shea Properties	100	100	
7/20/16	Cynthia Hookstra 506 Glenwood Drive Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
7/21/16	James & Tracy Magnusson 2381 Magda Circle Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staff Performance Therapy Center, Inc.	100	100	
7/21/16	Berenice Nunez 370 Los Feliz Blvd. Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Regulatory Affairs Molina Healthcare	100	100	
7/24/16	Oxnard Firefighters Local 1684 P.A.C. 249 Calle Larios Camarillo, CA 93010 #801523	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000	2000	
SUBTOTAL \$				2400		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ _____
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** _____

*Contributor Codes
 IND – Individual
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 (other than PTY or SCC)
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 SCC – Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (Cont)

Statement covers period from <u>7/1/2016</u>	CALIFORNIA FORM 460
through <u>9/24/2016</u>	
Page <u>8</u> of <u>28</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER MIGUEL LOPEZ FOR OXNARD MAYOR 2016	I.D. NUMBER 1387287
--	-------------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/16	Oxnard Peace Officers Association 251 S. C St. Oxnard, CA 93030 # 850-242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000	2000	
7/27/16	Katalina Martinez 1431 Port Drive Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staff El Concilio del Condado de Ventura	100	100	
7/27/16	Mike Aranda 2511 Ruby Drive Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
7/29/16	Eduardo Miranda 2600 Pyrate Pl. Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Commander City of Oxnard	100	100	
7/30/16	Anastacio Ramon & Paula Arceo 900 Blanca Place Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
SUBTOTAL \$				2400		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** _____

*Contributor Codes
 IND – Individual
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 (other than PTY or SCC)
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**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (Cont)

Statement covers period from <u>7/1/2016</u> through <u>9/24/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIGUEL LOPEZ FOR OXNARD MAYOR 2016

I.D. NUMBER

1387287

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/16	Cynthia Daniels 2201 Cedar Ridge Ct. Oxnard, CA 93036-7705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
8/5/16	Sergio Martinez 761 Aspen Circle Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fire Marshall City of Oxnard	100	100	
8/13/16	Harry D. Cortez 3751 Via Marina Ave. Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Leader Oxnard, CA	80	180	
8/13/16	Jennifer L. Dominguez 48 Spring Valley Irvine, CA 92602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Kaiser Permanente	190	190	
8/13/16	Manuel Botello & Isabel M. Botello 20835 Apache Way Walnut, CA 91789-1299	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	175	225	
SUBTOTAL \$				645		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2016</u>	CALIFORNIA FORM 460
through <u>9/24/2016</u>	
Page <u>10</u> of <u>20</u> ²²	

NAME OF FILER MIGUEL LOPEZ FOR OXNARD MAYOR 2016	I.D. NUMBER 1387287
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/13/16	Audrey N. Covarrubias 2440 Jacaranda Dr. Oxnard, CA 93036-6291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	40	139	
8/15/16	Donna Gamino 6692 Leanne Street Mira Loma, CA 91752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staff Thibiant International	50	100	
8/15/16	Crystal A. Walker 1465 Marsella Dr. Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Detective City of Oxnard	25	100	
8/17/16	Ernest E. Eglin, Jr. & Kathy Eglin 2041 Lennox Ct. Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50	100	
8/17/16	Conrad R. Alvarez Sr. 6277 Calle Arena Camarillo, CA 93012-7116	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Conrad R. Alvarez Consulting	100	100	
SUBTOTAL \$				265		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	7/1/2016	
through	9/24/2016	Page 11 of 22

NAME OF FILER MIGUEL LOPEZ FOR OXNARD MAYOR 2016	I.D. NUMBER 1387287
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/16	Mike Aranda 2511 Ruby Drive Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	40	140	
8/12/16	Johnathan B. Cantalupo & Leticia Lopez 2617 Vista Loop Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President of Sales Actionpac Sales and Automation	40	14	
8/20/16	Harry D. Cortez 3751 Via Marina Ave. Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Leader Oxnard, CA	40	220	
8/21/16	Luis M. Martinez & Joanne Olivares Oxnard, CA 93036 2304 Mint Way	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admin. Assistant Oxnard Elementary School District	40	220	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				160		

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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (Cont)

Statement covers period from <u>7/1/2016</u> through <u>9/24/2016</u>	CALIFORNIA FORM 460 Page <u>12</u> of <u>2822</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIGUEL LOPEZ FOR OXNARD MAYOR 2016

I.D. NUMBER

1387287

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/16	Julia Inouye 942 Teakwood St. Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125	125	
8/21/16	Lisa Martinez 27117 Fitzgerald Pl. Menifee, CA 92584	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	190	270	
8/21/16	Raul Hurtado 138 S. Bryn Mawr St. Unit 1 Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Wells Fargo	50	100	
8/21/16	Esmeralda Preciado 3622 Golden Pond Dr. Camarillo, CA 93012-7705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Hueneme Elementary School District	20	110	
8/21/16	Sergio Martinez 761 Aspen Circle Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fire Marshall City of Oxnard	40	140	
SUBTOTAL \$				425		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
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 SCC – Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (cont)

Statement covers period from <u>7/1/2016</u> through <u>9/24/2016</u>	CALIFORNIA FORM 460 Page <u>13</u> of <u>20</u> ²²
I.D. NUMBER 1387287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIGUEL LOPEZ FOR OXNARD MAYOR 2016

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/16	Eduardo Miranda 2600 Pyrate Pl Oxnard, CA 93030-8603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Commander City of Oxnard	40	490	
8/30/16	Races Jimenez 12931 Oxnard Ave. Valley Glen, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California Los Angeles (UCLA)	100	100	
8/31/16	Jeff Donabedian 3292 Willow Hill Dr. Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fire Captain City of Oxnard	100	100	
8/31/16	Donald Jensen & Lyn Gray 3292 Calle Debesa Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Jensen Design & Survey, Inc.	500	500	
8/26/16	Magdalena G. Duarte 66-843 Joshua Court Desert Hot Springs, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
SUBTOTAL \$				840		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	7/1/2016	
through	9/24/2016	Page 14 of 20 22

NAME OF FILER MIGUEL LOPEZ FOR OXNARD MAYOR 2016	I.D. NUMBER 1387287
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/16	Committee to Elect John C. Zaragoza for Supervisor 2303 Hidden Valley Court Oxnard, CA 93036	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ventura County Supervisor County of Ventura	250	250	
9/8/16	Oxnard Firefighters Local 1684 PAC P. O. Box 5503 Oxnard, CA 93030 #801412	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		12000	12000	
9/14/16	Long Beach Firefighters, Local 372 3333 E. Spring St., Ste. 222 Long Beach, CA 90806 #781470	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250	250	
9/16/16	Laborers Int. Union of North America (LIUNA) Local No. 585, AFL-CIO 21 S. Dos Caminos Ave. Ventura, CA 93003 #1387287	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750	750	
9/20/16	Pasadena Firefighters Local 809 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 #862327	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
SUBTOTAL \$				14,250		

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 SCC - Small Contributor Committee

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>7/1/2016</u> through <u>9/24/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER MIGUEL LOPEZ FOR OXNARD MAYOR 2016	I.D. NUMBER 1387287
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Elizabeth Botello 1561 Windshore Way Oxnard, CA 93035	Teacher Oxnard High School District	\$ 176.69	\$ 63.94	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 240.63 DATE DUE _____	_____% RATE \$ _____	\$ 63.94 DATE INCURRED _____	CALENDAR YEAR \$ 240.63 PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Miguel Lopez 1237 S. Victoria Ave. #191 Oxnard, CA 93035	Director University of California Santa Barbara (UCSB)	\$ 207.03	\$ 1626.48	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1833.51 DATE DUE _____	_____% RATE \$ _____	\$ 1626.48 DATE INCURRED _____	CALENDAR YEAR \$ 1833.51 PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		SUBTOTALS \$ 1690.42 \$		\$ 2074.14 \$				

Schedule B Summary

1. Loans received this period \$ 1690.42
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 1690.42
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/2016</u>	CALIFORNIA FORM 460
through <u>9/24/2016</u>	
Page <u>16</u> of <u>22</u>	
I.D. NUMBER 1387287	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

MIGUEL LOPEZ FOR OXNARD MAYOR 2016

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 2.09
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 2.09

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	7/1/2016	
through	9/24/2016	Page <u>18</u> of <u>28</u>
NAME OF FILER		I.D. NUMBER 1387287

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
-See Attached-				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	34230.54
2. Unitemized payments made this period of under \$100	\$	848.34
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	35078.54



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Campaign Expenses 2016
Period of 7/1/16 - 9/24/16

Date	Vendor	Code	Description	Cash	Check
07/15/16	RG Pacific LLC 611 S. Catalina St., Suite 222 Los Angeles, CA 90005	WEB	Web Design (Partial Prnt. - half)	\$	750.00
07/19/00	Rabobank 155 S. A Street Oxnard, CA 93030	OFC	Returned Item	\$	2,000.00
07/19/00	Rabobank 155 S. A Street Oxnard, CA 93030	OFC	Returned Deposit Item Fee	\$	12.00
07/14/16	Eazel Printing 1211 Decksides Dr. Oxnard, CA 93035	CMP	Printing	\$	3,137.40
07/27/16	1st Imprint Oxnard 1325 W. Gonzales Rd. Oxnard, CA 93036	CMP	Printing	\$	177.12
07/29/00	Rabobank 155 S. A Street Oxnard, CA 93030	OFC	Bank Maintenance Fee	\$	12.00
07/29/00	Rabobank 155 S. A Street Oxnard, CA 93030	OFC	Bank Maintenance Fee - Refund	-\$	12.00
08/03/16	Shell Fuels 3090 Main Street Irvine, CA 92614	FND	Fundraiser in Long Beach	\$	25.42
08/03/16	I Love Sushi 5722 Telephone Rd. Suite 3C-7 Ventura, CA 93003	MTG	Meeting with Miguel Lopez, Elizabeth Botello & Priscilla	\$	57.17
08/05/16	Waterside Restaurant and Wine Bar 3500 So. Harbor Blvd., Suite 111 Channel Islands Harbor, Oxnard, CA 93035	MTG	Meeting with Miguel Lopez, Rick Conrad & Priscilla	\$	54.33
08/10/16	Eazel Printing 1211 Decksides Dr. Oxnard, CA 93035	CMP	Printing	\$	750.00

Date	Vendor	Code	Description	Cash	Check
08/11/16	City of Oxnard City Clerk's Office 300 W. Third St., 4th Floor Oxnard, CA 93030	FIL	Candidate Statement		\$ 1,300.00
08/12/16	1st Imprint Oxnard 1325 W. Gonzales Rd. Oxnard, CA 93036	FND	Printing of tickets for Menudo/Mariachi Fundraiser Event		\$ 213.30
08/12/16	Bakers & Baristas 11700 South St. Ste. #105 Artesia, CA 90701	FND	Fundraiser in Long Beach		\$ 15.26
08/12/16	Target 11525 South St. West Cerritos, CA 90703	FND	Fundraiser in Long Beach		\$ 23.26
08/13/16	Northgate Gonzalez 2038 E. 10th St. Long Beach, CA	FND	Fundraiser in Long Beach		\$ 281.62
08/14/16	Riley's on 2nd 5331 E. 2nd St. Long Beach, CA 90803	MTG	Fundraiser in Long Beach - Mtg with Miguel Lopez, Elizabeth Botello, Harold & Marissa Enriquez		\$ 52.33
08/15/16	Square Inc. Manuel M. Lopez 1911 Cascade Ct. Oxnard, CA 93036	OFC	Square Inc Fee		\$ 0.49
08/16/16	Manuel M. Lopez 1911 Cascade Ct. Oxnard, CA 93036	OFC	First Month DEPOSIT - HQ Office		\$ 1,500.00
08/16/16	Trader Joe's 1795 S. Victoria Ave. Oxnard, CA 93036	OFC	First Month Pro-rated Rent - HQ Office (August)		\$ 1,209.68
08/16/16	Facebook, Inc. 1601 S. California Ave., Palo Alto, CA 94304	FND	Supplies for Campaign HQ Grand Opening		\$ 77.01
08/16/16	Costco Wholesale 2001 East Ventura Blvd. Oxnard, CA 93030	WEB	Ads		\$ 40.00
08/17/16	Costco Wholesale 2001 East Ventura Blvd. Oxnard, CA 93030	MTG	Supplies for Campaign HQ Grand Opening		\$ 142.15
08/17/16	Maad Graphics 1523 Nadador Place Oxnard, CA 93030	MTG	Supplies for Campaign HQ Grand Opening		\$ 7.42
08/17/16	Oxnard, CA 93030	CMP	Campaign Shirts		\$ 771.50

Date	Vendor	Code	Description	Cash	Check
08/20/16	Maad Graphics 1523 Nadador Place Oxnard, CA 93030	CMP	Campaign Shirts	\$ 146.00	
08/21/16	Casa Lopez Mexican Restaurant 325 S. A St. Oxnard, CA 93030	FND	Fundraiser - Menudo/Mariachi		\$ 1,025.00
08/23/16	FP&D Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	LIT	Campaign Labels (2,000)		\$ 10.88
08/26/16	Wood Ranch 3449 E. Main St. Ventura, CA 93003	MTG	w/ Miguel Lopez &		\$ 34.13
08/31/16	Rabobank 155 S. A Street Oxnard, CA 93030	OFC	Bank Maintenance Fee		\$ 12.00
08/31/16	El Concilio del Condado de Ventura 305 S. C St. Oxnard, CA 93030	MTG	Golf Tournament		\$ 125.00
09/01/16	Manuel M. Lopez 1911 Cascade Ct. Oxnard, CA 93036	OFC	Rent - HQ Office (September)		\$ 1,500.00
09/01/16	FP&D Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	FND	Fundraiser - Tower Club Event Flyer (7/22)		\$ 38.00
09/03/16	Wendy's Store 2010 N. Rose Ave. Oxnard, CA 93036	MTG	Campaign Mtg. w/ Miguel Lopez, Rick Conrad, Jeff Bonabedian & Keegan Carrico		\$ 36.59
09/03/16	Keegan Carrico 3464 Sunset Ln. Oxnard, CA 93035	SAL	Salary - Partial Payment of Inv. 1 (half)		\$ 500.00
09/04/16	Facebook, Inc. 1601 S. California Ave., Palo Alto, CA 94304	WEB	Ads		\$ 50.02
09/09/16	Oxnard Chamber of Commerce 400 E. Esplanade Dr. Oxnard, CA 93036	MTG	Candidates Forum		\$ 110.00
09/11/16	The Home Depot 401 W. Esplanade Dr. Oxnard, CA 93036	CMP	Supplies for Campaign Yard Signs	\$ 59.75	

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Date	Vendor	Code	Description	Cash	Check
09/11/16	Smart & Final 2021 North Oxnard Blvd. Oxnard, CA 93036	CMP	Refreshments for people working on Signs	\$ 14.68	
09/12/16	Island Air Services LLC 1701 W. Fifth St. Oxnard, CA 93030	FND	Fundraiser Prize		\$ 189.00
09/12/16	County of Ventura Office of the County Clerk 800 S. Victoria Ave. Ventura, CA 93003	OFC	Copy	\$ 0.50	
09/12/16	Wedgewood @ Tower Club 300 E. Esplanade Dr. Oxnard, CA 93036	FND	Fundraiser @ TC		\$ 1,342.43
09/12/16	Eazel Printing 1211 Decksides Dr. Oxnard, CA 93035	CMP	Printing		\$ 3,749.00
09/13/16	Chase ATM Cash Withdrawal Victoria Ave. Oxnard, CA 93035			\$ 200.00	
09/13/16	El Pollo Norteno 1290 S. Oxnard Blvd. Oxnard, CA 93030	MTG	Campaign Working Mtg. w/ Joanne Olivares, Audrie Covarrubias, Laura Hernandez & Eva Lopez	\$ 15.25	
09/14/16	County of Ventura Resource Management Agency 800 S. Victoria Ave. Ventura, CA 93003	OFC	Map of Oxnard Area	\$ 124.00	
09/14/16	Full Kee Washington, DC				\$ 50.35
09/15/16	Rick Conrad 5015 Marlin Way Oxnard, CA 93035	CNS	Campaign Management for the period of 9/12/16 - 10/7/16		\$ 12,000.00
09/16/16	FP&D Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	LIT	Campaign Brochures		\$ 96.48
09/17/16	Levity Live Comedy Club 591 Collection Blvd. Oxnard, CA 93036	FND	Fundraiser - Levity Live Deposit		\$ 300.00
09/17/16	Maad Graphics 1523 Nadador Place Oxnard, CA 93030	CMP	Campaign Shirts		\$ 657.00

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Date	Vendor	Code	Description	Cash	Check
09/17/16	FedEx Office 4360 E. Main St. Ventura, CA 93003	OFC	Copy		\$ 0.41
09/21/16	The UPS Store 1237 South Victoria Ave. Oxnard, CA 93035	OFC	Copies	\$ 1.59	
09/22/16	Chick-Fil-A 1321 Eastman Ave. Ventura, CA 93003 Keegan Carrico 3464 Sunset Ln.	MTG	Dinner - Candidates Interviews with SEIU		\$ 23.32
09/23/16	Staples 411 Esplanade Drive Oxnard, CA 93036	SAL	Salary - Balance Inv. 1		\$ 500.00
09/24/16	Facebook, Inc. 1601 S. California Ave., Palo Alto, CA 94304	OFC	Office Supplies		\$ 95.01
09/24/16		WEB	Ads		\$ 36.46
				\$ 561.77	\$ 35,078.54
				Itemized: \$ 470.00	\$ 34,230.20
				Netimized: \$ 91.77	\$ 848.34