

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualified as committee
 _____/_____/_____

Received
Oxnard City Clerk

Amendment
 2018 FEB 22 AM 11:46
 07 14 2016
 _____/_____/_____
 Date qualified as committee

Termination - See Part 5
 _____/_____/_____
 Date of termination

Received
Oxnard City Clerk

2018 JAN 30 PM 3:29
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

FEB 05 2018

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information **I.D. Number** 1387287 **2. Treasurer and Other Principal Officers**
(if applicable)

NAME OF COMMITTEE
 MIGUEL LOPEZ FOR OXNARD MAYOR 2016

STREET ADDRESS (NO P.O. BOX)
 2541 Taffrail Ln.

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

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 miguellopezforoxnard@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Ventura Oxnard

NAME OF TREASURER
 Eva E. Lopez

STREET ADDRESS (NO P.O. BOX)
 2541 Taffrail Ln.

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 1/30/18 By Eva E. Lopez
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/30/18 By Miguel Lopez
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT