

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

Received
Oxnard City Clerk

JAN 14 2019 Date Stamp
Oxnard City Clerk

CALIFORNIA FORM 410

Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 2018

2019 JAN -2 PM 6:01

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

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

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

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 12/31/2018 By *Eva E. Lopez*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/31/2018 By *[Signature]*
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