

# 497 Contribution Report

Amounts may be rounded to whole dollars.

Received

NAME OF FILER <b>MIGUEL LOPEZ FOR OXNARD MAYOR 2016</b>		Date of This Filing <b>12/1/2016</b>	<b>Oxnard City Clerk</b> Date Stamp <b>2016 DEC -1 PM 4: 20</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>805-889-8169</b>	I.D. NUMBER (if applicable) <b>1387287</b>	Report No. <b>2016I</b>		
STREET ADDRESS <b>1237 S. VICTORIA AVE. #191</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>OXNARD</b>	STATE <b>CA</b>	ZIP CODE <b>93035</b>	No. of Pages <b>1</b>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/30/16	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	2600  <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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