

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified  
or

Date qualified as committee

07 / 14 / 2016  
Date qualified as committee

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of termination

Received  
Oxnard City Clerk

2018 JAN 30 PM 3:29

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

Oxnard

STATE

CA

ZIP CODE

93035

AREA CODE/PHONE

(805) 889-8169

MAILING ADDRESS (IF DIFFERENT)

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

miguellopezforoxnard@gmail.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

Oxnard

NAME OF TREASURER

Eva E. Lopez

STREET ADDRESS (NO P.O. BOX)

2541 Taffrail Ln.

CITY

Oxnard

STATE

CA

ZIP CODE

93035

AREA CODE/PHONE

(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

DATE

By

*Eva E. Lopez*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/30/18

DATE

By

*Miguel Lopez*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT