### Statement of Organization
Recipient Committee

**Statement Type**
- Initial
- Amendment

- Not yet qualified
- Amendment

**List I.D. number:**

- 

**Date qualified as committee:** 07/14/2016

**Date of Termination:**

**NAME OF COMMITTEE**

Miguel Lopez For Oxnard Mayor 2016

**STREET ADDRESS (NO P.O. BOX):**

1237 S. Victoria Ave #191

**CITY:** Oxnard

**STATE:** CA

**ZIP CODE:** 93035

**MAILING ADDRESS:**

Miguellopezforoxnard@gmail.com

**FAX/EMAIL ADDRESS:**

**COUNTY OF DOMICILE**

Ventura

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

Oxnard

### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**

Eva E. Lopez

**STREET ADDRESS (NO P.O. BOX):**

1237 S. Victoria Ave #191

**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:**

### 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**

**DATE**

**SIGNED BY**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**EXECUTED ON**

**DATE**

**SIGNED BY**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

**EXECUTED ON**

**DATE**

**SIGNED BY**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

**EXECUTED ON**

**DATE**

**SIGNED BY**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**
## Statement of Organization

### Recipient Committee

### INSTRUCTIONS ON REVERSE

**Committee Name:** Miguel Lopez for Oxnard Mayor 2016

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabobank</td>
<td>(805) 240-1440</td>
<td>498492430</td>
</tr>
</tbody>
</table>

**Address:** 155 S. A Street

**City:** Oxnard

**State:** CA

**Zip Code:** 93036

### 4. Type of Committee

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.”

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miguel Lopez</td>
<td>Mayor</td>
<td>2016</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Miguel Lopez for Oxnard Mayor 2016

4. Type of Committee (Continue)

General Purpose Committee
Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee
List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee
☐ 

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer, donor or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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