Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2016 through 06/30/2016

Date of election if applicable:
(Month, Day, Year)

Date
11/08/16

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☑ Officelholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

☐ Pre-election Statement
☐ Semi-annual Statement
☐ Special Odd-Year Report

☐ Quarterly Statement
☐ Termination Statement
(Also file a Form 410 Termination)

☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER 1387287

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO 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
AREA CODE/PHONE (805) 889-8169

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

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

OPTIONAL: FAX / E-MAIL ADDRESS
miguellopezforoxnard@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 8/1/16

By
Signature of Treasurer or Assistant Treasurer

Executed on 8/1/16

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
### 5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Miguel Lopez</td>
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</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Mayor, City of Oxnard</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1237 S. Victoria Ave. #191</td>
<td>Oxnard</td>
<td>CA</td>
<td>93035</td>
</tr>
</tbody>
</table>

### Related Committees Not Included in this Statement:

List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
<th>YES</th>
<th>NO</th>
</tr>
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<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
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### 6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
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### 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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<tbody>
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<th>SUPPORT</th>
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<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
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Attach continuation sheets if necessary

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

1. Monetary Contributions
   - Schedule A, Line 3
   
2. Loans Received
   - Schedule B, Line 3
   
3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2
   
4. Nonmonetary Contributions
   - Schedule C, Line 3
   
5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4

## Expenditures Made

6. Payments Made
   - Schedule E, Line 4
   
7. Loans Made
   - Schedule H, Line 3
   
8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7
   
9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3
   
10. Nonmonetary Adjustment
    - Schedule C, Line 3
    
11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10

## Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16

13. Cash Receipts
    - Column A, Line 3 above

14. Miscellaneous Increases to Cash
    - Schedule I, Line 4

15. Cash Payments
    - Column A, Line 8 above

16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15

17. LOAN GUARANTEES RECEIVED
    - Schedule B, Part 2

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    - See instructions on reverse

19. Outstanding Debts
    - Add Line 2 + Line 9 in Column B above

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### Summary Page

- **NAME OF FILER**: Miguel Lopez for Oxnard Mayor 2016
- **ID NUMBER**: 1387287
- **Statement covers period from 01/01/2016 through 06/30/2016**
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2016 through 01/30/2016
CALIFORNIA FORM 460
Page 4 of 5

NAME OF FILER
Miguel Lopez for Oxnard Mayor 2016

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/18/16</td>
<td>William Gallagher &amp; Eileen McCarthy</td>
<td>IND</td>
<td>Retired 2 Chief of Staff County of Ventura</td>
<td>$100.00</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1623 Santa Ynez St. Ventura, CA 93001</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6/18/16</td>
<td>Eduardo M. Miranda</td>
<td>IND</td>
<td>Commander City of Oxnard</td>
<td>$250.00</td>
<td>$250.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2600 Pyrite Pl. Oxnard, CA 93030</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6/20/16</td>
<td>Barbara L. Ortiz</td>
<td>IND</td>
<td>Retired</td>
<td>$100.00</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>238 San Clemente St. Santa Barbara, CA 93109</td>
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</tbody>
</table>

SUBTOTAL $450.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................. $450.00

2. Amount received this period – unitemized monetary contributions of less than $100 ................................................. $169.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................................................. TOTAL $619.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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### Schedule E

**Payments Made**

**NAME OF FILER:** Miguel Lopez for Oxnard Mayor 2016

**I.D. NUMBER:** 1387287

**NAME AND ADDRESS OF PAYEE** *(IF COMMITTEE, ALSO ENTER I.D. NUMBER)*

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
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</table>

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $...
2. Unitemized payments made this period of under $100 .......................................................... $ 62.15
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)............... $...
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .......................... TOTAL $ 62.15