Statement of Organization
Recipient Committee

Statement Type
- Initial
- Amendment
- Termination - See Part 5

List I.D. number:
- #1387287

List I.D. number:
- #

Date qualified as committee
- 07/14/2016

Date qualified as committee (if applicable)

Date of Termination

1. Committee Information
NAME OF COMMITTEE
MIGUEL LOPEZ OF 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)
FAX/E-MAIL ADDRESS
Miguel.LopezforOxnard@gmail.com
COUNTY OF DOMICILE
VENTURA
JURISDICTION WHERE COMMITTEE IS ACTIVE
CITY OF 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
JOHN ALBIN
STREET ADDRESS (NO P.O. BOX)
249 CALLE LARIOS
CITY
CAMARILLO
STATE
CA
ZIP CODE
93010
AREA CODE/PHONE
805-660-1198
NAME OF PRINCIPAL OFFICER(S)

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 9/03/2016 By
EXECUTED DATED ON
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/03/2016 By
EXECUTED DATED ON
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
EXECUTED DATED ON
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
EXECUTED DATED ON
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIGUEL LOPEZ OF OXNARD MAYOR 2016</td>
<td>1387287</td>
</tr>
</tbody>
</table>

- 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>ROBOBANK</td>
<td>805-240-1440</td>
<td>498492430</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>155 S. &quot;A&quot; ST.</td>
<td>OXNARD</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

### 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 OF OXNARD</td>
<td>2016</td>
<td>X Nonpartisan</td>
</tr>
</tbody>
</table>

### Primarily 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>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

4. Type of Committee

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, holder, 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.