Statement of Organization
Recipient Committee

Statement Type [ ] Initial
Not yet qualified [ ] or

☐ Amendment
List I.D. number: # 1367287

☐ Termination – See Part 5
List I.D. number: #

Date qualified as committee
07/14/2016

Date qualified as committee
(If applicable)

DATE

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)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

FAX/F-MAIL ADDRESS

MiguellopezforOxnard@gmail.com

COUNTY OF DOMICILE
VENTURA

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY OF Oxnard

Attach additional information on appropriately labeled continuation sheets.

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)
249 CALLE LARIOS

CITY
CAMARILLO

STATE
CA

ZIP CODE
93010

AREA CODE/PHONE
805-680-1198

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 09/03/2016
DATE
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/03/2016
DATE
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE
By

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

COMMITTEE NAME
MIGUEL LOPEZ OF OXNARD MAYOR 2016

| I.D. NUMBER | 1387287 |

- 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>495492430</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 Complete the applicable sections.

**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>☑ 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>
<tr>
<td></td>
<td>SUPPORT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>
INSTRUCTIONS ON REVERSE

COMMITTEE NAME

MIGUEL LOPEZ OF OXNARD MAYOR 2016

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

☐ 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.