Statement of Organization Recipient Committee

Statement Type: ☐ Initial ☑ Amendment List I.D. number: # 1387287
☐ Termination – See Part 5 List I.D. number: #

Date qualified as committee / 07/14/2016
Date qualified as committee (if applicable)

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
STREET ADDRESS: 1237 S. VICTORIA AVE. #191
CITY: OXNARD STATE: CA ZIP CODE: 93035
NAME OF TREASURER: EVA E. LOPEZ
STREET ADDRESS (NO P.O. BOX): 1237 S. VICTORIA AVE. #191
CITY: OXNARD STATE: CA ZIP CODE: 93035
NAME OF ASSISTANT TREASURER, IF ANY: JOHN ALBIN
STREET ADDRESS (NO P.O. BOX): 249 CALLE LARIOS
CITY: CAMARILLO STATE: CA ZIP CODE: 93010
NAME OF PRINCIPAL OFFICER(S): VENTURA CITY OF OXNARD

Attain 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
FAX/E-MAIL ADDRESS: MiguelLopezforOxnard@gmail.com
COUNTY OF DOMICILE: VENTURA JURISDICTION WHERE COMMITTEE IS ACTIVE: CITY OF OXNARD
NAME OF ASSISTANT TREASURER, IF ANY: JOHN ALBIN
STREET ADDRESS (NO P.O. BOX): 249 CALLE LARIOS
CITY: CAMARILLO STATE: CA ZIP CODE: 93010
NAME OF PRINCIPAL OFFICER(S): VENTURA CITY OF OXNARD

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 ____________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/03/2016 By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Executed on ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
## 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>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

**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 MAYOR OF OXNARD</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></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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

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.