

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER MIGUEL LOPEZ FOR OXNARD MAYOR 2016			Date of This Filing _____	Date Stamp <i>DM</i> SEP 21 2016	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 805-889-8169	I.D. NUMBER (if applicable) 1387287	Report No. 2016B			
STREET ADDRESS 1237 S. VICTORIA AVE. #191			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY OXNARD	STATE CA	ZIP CODE 93035	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/20/2016	Pasadena Firefighters Local 809 #862327 555 Capitol Mall suite 1425 Sacramento CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

****Contributor Codes**

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____