

# 497 Contribution Report

Amounts may be rounded to whole dollars.

Received  
Oxnard City Clc

Date Filed: 2016 SEP 30 PM 5:06

**CALIFORNIA FORM 497**

For Official Use Only

**NAME OF FILER**  
MIGUEL LOPEZ FOR OXNARD MAYOR 2016

**AREA CODE/PHONE NUMBER**  
805-889-8169

**I.D. NUMBER (if applicable)**  
1387287

**STREET ADDRESS**  
1237 S. VICTORIA AVE. #191

**CITY** OXNARD      **STATE** CA      **ZIP CODE** 93035

**Date of This Filing** 9/30/16

**Report No.** 2016D

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**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
9/30/2016	Peace Officers Research Association of California #810830 4010 Truxel Road Sacramento, CA 95834-3725	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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