

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk

NAME OF FILER MIGUEL LOPEZ FOR OXNARD MAYOR 2016		Date of This Filing 10/6/2016	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-889-8169	I.D. NUMBER (if applicable) 1387287	Report No. 2016E 2016 OCT -6 PM 3:27	
STREET ADDRESS 1237 S. VICTORIA AVE. #191		<input type="checkbox"/> Amendment to Report No. (explain below)	
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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/5/2016	Shea Properties Management Co., Inc. 130 Vantis, Suite 200 Aliso Viejo, CA 92656	<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
10/5/2016	Shea Properties Management Co., Inc. 130 Vantis, Suite 200 Aliso Viejo, CA 92656	<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
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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