# 497 Contribution Report

**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:** 12/1/2016  
**Report No.:** 2016I  
**No. of Pages:** 1

## 1. Contribution(s) Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
</table>
| 11/30/16      | Eva E. Lopez  
2541 Taffrail Ln.  
Oxnard, CA 93035 | ☒ IND  
☑ COM  
☑ OTH  
☑ PTY  
☑ SCC | Retired | 2600 |

**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:**

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