

**Recipient Committee
Campaign Statement
Cover Page**

Received
Oxnard City Clerk

Date Stamp
2017 SEP 28 PM 4: 27

CALIFORNIA FORM 460
Page 1 of 4
For Official Use Only

Statement covers period
from 01/01/2017
through 06/30/2017

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/ Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)

Quarterly Statement
 Special Odd-Year Report

Amendment (Explain below)
 Final reconciliation of contributions received and payments made.

3. Committee Information

I.D. NUMBER
1387287

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Miguel Lopez for Oxnard Mayor 2016

STREET ADDRESS (NO P.O. BOX)
1237 S. Victoria Ave. #191

| | | | |
|-----------------------|--------------------|--------------------------|--|
| CITY <u>Oxnard</u> | STATE <u>CA</u> | ZIP CODE <u>93035</u> | AREA CODE/PHONE <u>(805) 889-8169</u> |
|-----------------------|--------------------|--------------------------|--|

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS
miguellopezforoxnard@gmail.com

Treasurer(s)

NAME OF TREASURER
Eva E. Lopez

MAILING ADDRESS
1237 S. Victoria Ave. #191

| | | | |
|-----------------------|--------------------|--------------------------|--|
| CITY <u>Oxnard</u> | STATE <u>CA</u> | ZIP CODE <u>93035</u> | AREA CODE/PHONE <u>(805) 984-4108</u> |
|-----------------------|--------------------|--------------------------|--|

NAME OF ASSISTANT TREASURER, IF ANY
John Albin

MAILING ADDRESS
249 Calle Larios

| | | | |
|--------------------------|--------------------|--------------------------|--|
| CITY <u>Camarillo</u> | STATE <u>CA</u> | ZIP CODE <u>93010</u> | AREA CODE/PHONE <u>(805) 660-1198</u> |
|--------------------------|--------------------|--------------------------|--|

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 09/27/2017
Date

Executed on 09/27/2017
Date

Executed on _____
Date

Executed on _____
Date

By Eva E. Lopez
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

| | |
|----------------------------|------------|
| CALIFORNIA FORM | 460 |
| Page <u>2</u> of <u>4</u> | |

5. Officeholder or Candidate Controlled Committee

| | | | | |
|--|------------|-------|-------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | | |
| Miguel Lopez | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | | |
| Mayor, City of Oxnard | | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP | |
| 1237 S. Victoria Ave. #191 | Oxnard, CA | | 93035 | |

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|--|
| COMMITTEE NAME | I.D. NUMBER |
| | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| | |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| | |

| | |
|-------------------|--|
| COMMITTEE NAME | I.D. NUMBER |
| | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| | |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| | |

6. Primarily Formed Ballot Measure Committee

| | | |
|---|---------------------|---|
| NAME OF BALLOT MEASURE | | |
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. | | |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | | |
| | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY | |
| | | |

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---------------------------------------|--------------------------------|
| Statement covers period 01/01/2017 | CALIFORNIA FORM 460 |
| from _____ through 06/30/2017 | |
| Page 3 of 4 | I.D. NUMBER 1387287 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Miguel Lopez for Oxnard Mayor 2016

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| Contributions Received | | |
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 0 | \$ 51,967.75 |
| 2. Loans Received..... Schedule B, Line 3 | \$ 0 | \$ 5,200.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 0 | \$ 57,167.75 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ 0 | \$ 2,055.25 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 0 | \$ 59,223.00 |

| Calendar Year Summary for Candidates Running in Both the State Primary and General Elections | | |
|--|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

| | Column A | Column B |
|--|-----------|--------------|
| Expenditures Made | | |
| 6. Payments Made..... Schedule E, Line 4 | \$ 178.40 | \$ 39,804.16 |
| 7. Loans Made..... Schedule H, Line 3 | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 178.40 | \$ 39,804.16 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$ 0 | \$ 1,697.25 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 178.40 | \$ 41,501.41 |

| Expenditure Limit Summary for State Candidates | |
|--|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

| Current Cash Statement | |
|--|---------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ -10,943.82 |
| 13. Cash Receipts..... Column A, Line 3 above | \$ 0 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$ 0 |
| 15. Cash Payments..... Column A, Line 8 above | \$ 178.40 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ -10,765.42 |
| <i>If this is a termination statement, Line 16 must be zero.</i> | |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

| | |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
| Cash Equivalents and Outstanding Debts | |
| 18. Cash Equivalents..... See instructions on reverse | \$ 5,200.00 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ _____ |

*Amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|------------|----------------------------|--|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 01/01/2017 | | |
| through | 06/30/2017 | Page 4 of 4 | |
| I.D. NUMBER | | 1387287 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Miguel Lopez for Oxnard Mayor 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| | | | |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

| | | |
|---|-----------------|--------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 0 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 178.40 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ | 178.40 |