Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Not yet qualified
☐ Date qualified as committee
☐ Amendment
☐ Termination – See Part 5

1. Committee Information

I.D. Number
(If applicable) 1387287

NAME OF COMMITTEE
MIGUEL LOPEZ FOR OXNARD MAYOR 2016

STREET ADDRESS (NO P.O. BOX)
2541 Taftail Ln.

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

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED)/FAX (OPTIONAL)
miguelperezforoxnard@gmail.com

COUNTY OF DOMICILE Ventura
JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Eva E. Lopez

STREET ADDRESS (NO P.O. BOX)
2541 Taftail Ln.

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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.

1/30/18

Executed on

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent