Statement of Organization
Recipient Committee

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>I.D. Number (if applicable)</th>
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<tbody>
<tr>
<td>□ Initial</td>
<td>□ Amendment</td>
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<td>O Not yet qualified</td>
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<tr>
<td>or</td>
<td>□ Termination – See Part 5</td>
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<td>07 14 2016</td>
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<td>Date qualified as committee</td>
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<td>Date of termination</td>
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1. Committee Information
NAME OF COMMITTEE
MIGUEL LOPEZ FOR OXNARD MAYOR 2016

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

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

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura Oxnard

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Eva E. Lopez

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

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93035 (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

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.

Executed on 1/30/18
By Eva E. Lopez

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/30/18
By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2017)
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