497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk
2018 FEB 12 PM 3:12

NAME OF FILER MIGUEL LOPEZ FOR MAYOR 2018		Date of This Filing 02/12/2018	Date Stamp
AREA CODE/PHONE NUMBER 805-889-8169	I.D. NUMBER *(if applicable)* 1402185	Report No. 2018R-A	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS 2541 Taffrail Ln.		☐ 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
02/12/2018	Oxnard Peace Officers Association 251 S C St. Oxnard, CA 93030-5711	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**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: _____