

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee
 Date qualified as committee: 02 / 12 / 2018
 Date of termination: _____ / _____ / _____

Date Stamp
Received
Oxnard City Clerk
 2018 FEB 15 AM 10:18

CALIFORNIA FORM 410
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1. Committee Information I.D. Number 1402185 (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 DR. MIGUEL LOPEZ FOR MAYOR 2018

STREET ADDRESS (NO P.O. BOX)
 2541 Taffrail 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

NAME OF TREASURER
 Eva E. Lopez

STREET ADDRESS (NO P.O. BOX)
 2541 Taffrail 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

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.

Executed on 2/15/18 By Eva E. Lopez SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 2/15/18 By [Signature] 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