Statement of Organization
Recipient Committee

Statement Type  ☐ Initial  ☑ Amendment  ☐ Termination – See Part 5

☐ Not yet qualified or  Date qualified as committee  02/12/2018  Date qualified as committee
☐ Date qualified as committee

Date of termination

1. Committee Information

I.D. Number  (If applicable)  1402185

NAME OF COMMITTEE

DR. MIGUEL LOPEZ FOR MAYOR 2018

STREET ADDRESS (NO P.O. BOX)

2541 Taft Rail 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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Eva E. Lopez

STREET ADDRESS (NO P.O. BOX)

2541 Taft Rail 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

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.

2/15/18

Executed on  2/15/18  By

FPCC Form 410 (February/2018)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov