

**497 Contribution Report**

Amounts may be rounded to whole dollars.

Received

NAME OF FILER <b>DR. MIGUEL LOPEZ FOR MAYOR 2018</b>			Date of This Filing <b>3/7/18</b>	Date Stamp <b>Oxnard City Clerk</b> <b>2018 MAR -7 PM 12: 47</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(805) 889-8169</b>	I.D. NUMBER (if applicable) <b>1402185</b>		Report No. <b>2018R-C</b>		
STREET ADDRESS <b>2541 Taffrail Ln.</b>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Oxnard</b>	STATE <b>CA</b>	ZIP CODE <b>93035</b>	No. of Pages <b>1</b>		

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
03/6/2018	Laborers Int. Union of North America Local No.. 585, AFL-CIO PACC ACCOUNT All Purpose Account 21 South Dos Caminos Avenue Ventura, CA 93003	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$2,500.00</b>  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> 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: \_\_\_\_\_