

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment
 Not yet qualified or Date qualified as committee
 Date qualified as committee 02 / 12 / 2018

Received Oxnard City Clerk
 Received Oxnard City Clerk
 Termination - See Part 5
 2018 MAR 14 AM 8: 0218 FEB 15 AM 10: 18

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1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) 1402185		NAME OF TREASURER Eva E. Lopez	
NAME OF COMMITTEE DR. MIGUEL LOPEZ FOR MAYOR 2018		STREET ADDRESS (NO P.O. BOX) 2541 Taffrail Ln.	
STREET ADDRESS (NO P.O. BOX) 2541 Taffrail Ln.		CITY STATE ZIP CODE AREA CODE/PHONE Oxnard CA 93035 (805) 984-4108	
CITY STATE ZIP CODE AREA CODE/PHONE Oxnard CA 93035 (805) 889-8169		NAME OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) miguellopezforoxnard@gmail.com		CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE Ventura		NAME OF PRINCIPAL OFFICER(S)	
JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard		STREET ADDRESS (NO P.O. BOX)	
		CITY STATE ZIP CODE AREA CODE/PHONE	

FEB 26 2018

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