Statement of Organization
Recipient Committee

1. Committee Information
   NAME OF COMMITTEE
   DR. MIGUEL LOPEZ FOR MAYOR 2018
   STREET ADDRESS (NO P.O. BOX)
   2541 Taffrail Ln.
   CITY
   Oxnard
   STATE
   CA
   ZIP CODE
   93035
   AREA CODE/PHONE
   (805) 889-8169
   E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
   miguellopezforoxnard@gmail.com
   COUNTY OF DOMICILE
   Ventura
   JURISDICTION WHERE COMMITTEE IS ACTIVE
   Oxnard

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Eva E. Lopez
   STREET ADDRESS (NO P.O. BOX)
   2541 Taffrail Ln.
   CITY
   Oxnard
   STATE
   CA
   ZIP CODE
   93035
   AREA CODE/PHONE
   (805) 984-4108
   NAME OF ASSISTANT TREASURER, IF ANY

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
   By
   Signature of Treasurer or Assistant Treasurer

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