497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
DR. MIGUEL LOPEZ FOR MAYOR 2018

AREA CODE/PHONE NUMBER
(805) 889-8169

I.D. NUMBER (if applicable)
1402185

STREET ADDRESS
2541 Taffrail Ln.

CITY
Oxnard

STATE
CA

ZIP CODE
93035

Date of This Filing
3/16/18

Report No.
2018R-D

No. of Pages
1

□ Amendment to Report No. (explain below)

1. Contribution(s) Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/2018</td>
<td>OXNARD CHAMBER OF COMMERCE Political Action Committee 400 E. Esplanade Dr., Suite 302 Oxnard, CA 93036</td>
<td>☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>☐ Check if Loan Provide interest rate</td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

Reason for Amendment: ____________________________________________

**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

Rec'd
Oxnard City Clerk
(805) 889-8169

CALIFORNIA FORM
497
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FPPC Form 497 (Jul/2016)
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