

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> DR. MIGUEL LOPEZ FOR MAYOR 2018		<b>Date of This Filing</b> 3/16/18 Report No. 2018R-D <input type="checkbox"/> Amendment to Report No. _____ (explain below) 1 No. of Pages _____	RECEIVED Date Stamp <b>Oxnard City Clerk</b> 2018 MAR 16 PM 2: 23	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (805) 889-8169	<b>I.D. NUMBER (if applicable)</b> 1402185			
<b>STREET ADDRESS</b> 2541 Taffrail Ln.				
<b>CITY</b> Oxnard	<b>STATE</b> CA	<b>ZIP CODE</b> 93035		

## 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
03/15/2018	OXNARD CHAMBER OF COMMERCE Political Action Committee 400 E. Esplanade Dr., Suite 302 Oxnard, CA 93036	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00  <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: \_\_\_\_\_