

# 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> 4/3/2018	Date Stamp <b>Received</b> Oxnard City Clerk 2018 APR -3 PM 5:11	<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>Report No.</b> 2018R-G			
<b>STREET ADDRESS</b> 2541 Taffrail Ln.			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Oxnard	<b>STATE</b> CA	<b>ZIP CODE</b> 93035	<b>No. of Pages</b> 1		

## 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
4/2/2018	SO CA DISTRICT COUNCIL OF LABORBERS PAC SMALL CONTRIBUTOR COMMITTEE 555 Capitol Mall, Suite 400 Sacramento, CA 95814 ID #1358150	<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: \_\_\_\_\_