# 497 Contribution Report

**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**
4/11/18

**Report No.**
2018R-H

**No. of Pages**
1

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## 1. Contribution(s) Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</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>4/10/2018</td>
<td>OXNARD PEACE OFFICERS ASSOCIATION Operating Account P. O. Box 6535 Oxnard, CA 93031-6535</td>
<td>□ IND</td>
<td>☐ Check if Loan</td>
<td>$8,000.00</td>
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<td></td>
<td></td>
<td>□ COM</td>
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<td>☐ SCC</td>
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</tbody>
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**Reason for Amendment:**

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**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

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FPPC Form 497 (Jul/2016)
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