

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER DR. MIGUEL LOPEZ FOR MAYOR 2018		Date of This Filing 4/30/18	Date Stamp Received Oxnard City Clerk 2018 APR 30 PM 3: 47	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 889-8169	I.D. NUMBER (if applicable) 1402185	Report No. 2018R-J		
STREET ADDRESS 2541 Taffrail Ln.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93035	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
4/30/2018	BUILDING INDUSTRY ASSOCIATION OF SOUTHERN CALIFORNIA PAC RESTRICTED #741733 c/o Reed & Davidson LLP 515 South Figueroa St., Suite 1110 Los Angeles, CA 90071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00 <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: _____

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NAME OF FILER DR. MIGUEL LOPEZ FOR MAYOR 2018			Date of This Filing 4/30/18	Date Stamp Received Oxnard City Clerk 2018 APR 30 PM 12:03	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 889-8169	I.D. NUMBER (if applicable) 1402185	Report No. 2018R-1			
STREET ADDRESS 2541 Taffrail Ln.					
CITY Oxnard	STATE CA	ZIP CODE 93035	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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4/30/2018	OXNARD PEACE OFFICERS ASSOCIATION 251 S. C St. Oxnard, CA 93030-5711	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00 <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
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