

Recipient Committee Campaign Statement Cover Page

Date Stamp	CALIFORNIA FORM 460
Received Oxnard City Clerk	
Page <u>1</u> of <u>11</u>	For Official Use Only
2018 JUL 31 PM 3:02	

Statement covers period
from 4/15/18
through 6/30/18

Date of election if applicable:
(Month, Day, Year)
2018 JUL 31
5/1/18

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall (Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1402185

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

DR. MIGUEL LOPEZ FOR MAYOR 2018

STREET ADDRESS (NO P.O. BOX)
2541 Taffrail Ln.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93035</u>	<u>(805)889-8169</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Eva E. Lopez

MAILING ADDRESS
2541 Taffrail Ln.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93035</u>	<u>(805)984-4108</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/18
Date

Executed on 7/31/18
Date

Executed on _____
Date

Executed on _____
Date

By Eva E. Lopez
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
DR. MIGUEL LOPEZ FOR MAYOR 2018				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Mayor				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
2541 Taffrail Ln.	Oxnard	CA	93035	

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>4/15/18</u> through <u>6/30/18</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>11</u>
I.D. NUMBER 1402185	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DR. MIGUEL LOPEZ FOR MAYOR 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 8,834.00	\$ 44,104.00
2. Loans Received..... Schedule B, Line 3	\$ -1,467.85	\$ 1,130.55
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 7,366.15	\$ 45,234.55
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0	\$ 380.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 7,366.15	\$ 45,614.55

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$ 13,500.43	\$ 44,781.37
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 13,500.43	\$ 44,781.37
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 380.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 13,500.43	\$ 45,161.37

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 6,587.46
13. Cash Receipts..... Column A, Line 3 above	\$ 7,366.15
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 717.25
15. Cash Payments..... Column A, Line 8 above	\$ 13,500.43
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,170.43

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 1,130.55

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period 4/15/18		CALIFORNIA FORM 460
from _____	through _____	
6/30/18		Page <u>4</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER DR. MIGUEL LOPEZ FOR MAYOR 2018	I.D. NUMBER 1402185
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/22/18	Marc Prado	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
4/22/18	Barbara Ortiz 238 San Clemente St. Santa Barbara, CA 93109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	200.00	
4/23/18	Teresa Ilasin 1011 Oarfish Ln. Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
4/24/18	Eva E. Lopez 2541 Taffrail Ln. Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	300.00	
4/26/18	Eva E. Lopez 2541 Taffrail Ln. Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	680.00	980.00	

SUBTOTAL \$ 1,280.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ _____	7,780.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ _____	1,054.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ _____	8,834.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>4/15/18</u> through <u>6/30/18</u>	CALIFORNIA FORM 460
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NAME OF FILER DR. MIGUEL LOPEZ FOR MAYOR 2018	I.D. NUMBER 1402185
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/18	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	12,000.00	
4/30/18	Building Industry Assoc. of So. CA PAC Restricted #741733 c/o Reed & Davidson LLP 515 S. Figueroa 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	2,000.00	
5/3/18	Firefighters for Better Government 3251 Corte Malpaso, Ste. 501C Camarillo, CA 93012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	4,000.00	
6/14/18	District Council of Iron Workers Political Action League ID #831693 1660 San Pablo Ave., Ste. C Pinole, CA 94564	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 6,500.00

*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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>4/15/18</u> through <u>6/30/18</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. MIGUEL LOPEZ FOR MAYOR 2018

I.D. NUMBER

1402185

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Miguel Lopez 2541 Taffrail Ln. Oxnard, CA 93035 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University Academic Director Cal State LA	\$ 635.38	\$ 325.17	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 960.55 DATE DUE _____	_____% RATE \$ _____	\$ 325.17 4/26/18 DATE INCURRED	CALENDAR YEAR \$ 960.55 PER ELECTION** \$ _____
Eva E. Lopez 2541 Taffrail Ln. Oxnard, CA 93035 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 1,963.02	\$ 170.00	<input checked="" type="checkbox"/> PAID \$ 1,963.02 <input type="checkbox"/> FORGIVEN \$ 5/7/18	\$ 170.00 DATE DUE _____	_____% RATE \$ _____	\$ 170.00 5/22/18 DATE INCURRED	CALENDAR YEAR \$ 2,133.02 PER ELECTION** \$ _____
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 0 DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$								
		\$ 495.17	\$ 1,963.02	\$ 1,130.55	\$ 0			

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 495.17
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 1,963.02
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** -1,467.85
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>4/15/18</u> through <u>6/30/18</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. MIGUEL LOPEZ FOR MAYOR 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Office Depot 4731 Telephone Rd. Ventura, CA 93003	OFC		151.27
Vanguard Print Design 220 Bernoulli Circle Oxnard, CA 93030	LIT		647.88
Vanguard Print Design 220 Bernoulli Circle Oxnard, CA 93030	LIT		731.65

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,530.80

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	12,866.39
2. Unitemized payments made this period of under \$100	\$	634.04
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	13,500.43

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>4/15/18</u> through <u>6/30/18</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. MIGUEL LOPEZ FOR MAYOR 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Keegan Carrico 2411 Panama Dr. Oxnard, CA 93035	SAL		500.00
Copper Blues 591 Collection Blvd Oxnard, CA 93036	MTG		198.69
Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	LIT		4,022.27
Vanguard Print Design 220 Bernoulli Circle Oxnard, CA 93030	LIT		135.51
Facebook Menlo Park, CA	WEB		250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 5,106.47

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	4/15/18	
through	6/30/18	Page <u>9</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. MIGUEL LOPEZ FOR MAYOR 2018

I.D. NUMBER

1402185

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wood Ranch 3301-1 E. Main St. Ventura, CA 93003	MTG		209.40
Vons 1291 S. Victoria Ave. Oxnard, CA 93035	MTG		235.43
VC Star 771 E. Daily Dr. Camarillo, CA 93010	WEB		1,495.00
Charles Kistner 1876 Sunridge Dr. Ventura, CA 93003	CNS		1,725.00
Keegan Carrico 2411 Panama Dr. Oxnard, CA 93035	SAL		350.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4,014.83

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>4/15/18</u> through <u>6/30/18</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. MIGUEL LOPEZ FOR MAYOR 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Eva E. Lopez 2541 Taffrail Ln. Oxnard, CA 93035		Payment of loans.	1,963.02
Office Depot 4731 Telephone Rd. Ventura, CA 93003	OFC		151.27
Facebook Menlo Park, CA	WEB		100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,214.29

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>4/15/18</u> through <u>6/30/18</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. MIGUEL LOPEZ FOR MAYOR 2018

I.D. NUMBER

1402185

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
5/22/18	Office Depot 4731 Telephone Rd. Ventura, CA 93003	Credit Adjustment (refund).	151.27
6/14/18	Firefighters Print & Design 1780 Creekside Oaks Dr. Sacramento, CA 95833.	Refund of overpayment of estimated postage for mailer.	253.98
6/14/18	City of Oxnard 300 West Third St. Oxnard, CA 93030	Refund of security deposit for park reservation.	300.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

705.25

Schedule I Summary

1. Itemized increases to cash this period.	\$	705.25
2. Unitemized increases to cash of under \$100 this period.	\$	12.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	717.25