

**Statement of Organization
Recipient Committee**

Date Stamp
Oxnard City Clk

2019 JAN -2 PM 6:01

CALIFORNIA FORM 410
For Official Use Only

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input type="checkbox"/> Amendment Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Termination -- See Part 5 Date of termination 12 31 2018 ____/____/____
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1. Committee Information	I.D. Number <i>(if applicable)</i> 1387287	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
MIGUEL LOPEZ FOR OXNARD MAYOR 2016

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

CITY Oxnard	STATE CA	ZIP CODE 93035	AREA CODE/PHONE (805)889-8169
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FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
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NAME OF TREASURER
Eva E. Lopez

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

CITY Oxnard	STATE CA	ZIP CODE 93035	AREA CODE/PHONE (805)984-4108
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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	12/31/2018	By	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	12/31/2018	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT