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**:
   - [ ] Preliminary Statement
   - [ ] Semi-Annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. **Committee Information**
   - **I.D. NUMBER**: 1387287
   - **COMMITTEE NAME (OR CANDIDATE’S NAME IF NO 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
   - **MAILING ADDRESS**: (If different)
   - **CITY**: Oxnard
   - **STATE**: CA
   - **ZIP CODE**: 93035
   - **AREA CODE/PHONE**: (805)984-4108

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**: 12/31/2018
   - **Date**:
   - **Executed on**: 12/31/2018
   - **Date**
   - **Executed on**: 12/31/2018
   - **Date**
   - **Executed on**: Date
   - **By**: 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

---

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### 5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

MIGUEL LOPEZ FOR MAYOR 2016

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

Mayor

**RESIDENTIAL/BUSINESS ADDRESS** (NO. AND STREET)  
CITY  
STATE  
ZIP

2541 Taftrail 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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
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<tbody>
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<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
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</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
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</tbody>
</table>

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**  
**JURISDICTION**  
☐ SUPPORT  
☐ 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.**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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</table>

**NAME OF OFFICEHOLDER OR CANDIDATE**  
**OFFICE SOUGHT OR HELD**  
☐ SUPPORT  
☐ OPPOSE

**NAME OF OFFICEHOLDER OR CANDIDATE**  
**OFFICE SOUGHT OR HELD**  
☐ SUPPORT  
☐ OPPOSE

**NAME OF OFFICEHOLDER OR CANDIDATE**  
**OFFICE SOUGHT OR HELD**  
☐ SUPPORT  
☐ OPPOSE

**NAME OF OFFICEHOLDER OR CANDIDATE**  
**OFFICE SOUGHT OR HELD**  
☐ SUPPORT  
☐ OPPOSE

**NAME OF OFFICEHOLDER OR CANDIDATE**  
**OFFICE SOUGHT OR HELD**  
☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary
### Contributions Received

| 1. Monetary Contributions                      | Schedule A, Line 3 | $0 | $0 |
| 2. Loans Received                              | Schedule B, Line 3 | $-5,483.72 | $0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS                 | Add Lines 1 + 2   | $-5,483.72 | $0 |
| 4. Nonmonetary Contributions                   | Schedule C, Line 3 | $0 | $0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED                | Add Lines 3 + 4   | $-5483.72 | $0 |

### Expenditures Made

| 6. Payments Made                               | Schedule E, Line 4 | $72.00 | $144.00 |
| 7. Loans Made                                  | Schedule H, Line 3 | $0 | $0 |
| 8. SUBTOTAL CASH PAYMENTS                      | Add Lines 6 + 7    | $72.00 | $144.00 |
| 9. Accrued Expenses (Unpaid Bills)             | Schedule F, Line 3 | $0 | $0 |
| 10. Nonmonetary Adjustment                     | Schedule C, Line 3 | $0 | $0 |
| 11. TOTAL EXPENDITURES MADE                    | Add Lines 8 + 9 + 10 | $72.00 | $144.00 |

### Current Cash Statement

| 12. Beginning Cash Balance                     | Previous Summary Page, Line 16 | $-10,909.42 |
| 13. Cash Receipts                              | Column A, Line 3 above | $0 |
| 14. Miscellaneous Increases to Cash            | Schedule I, Line 4 | $-5,483.72 |
| 15. Cash Payments                              | Column A, Line 8 above | $72.00 |
| 16. ENDING CASH BALANCE                        | Add Lines 12 + 13 + 14, then subtract Line 15 | $0 |

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

### Cash Equivalents and Outstanding Debts

| 18. Cash Equivalents                           | See Instructions on reverse | $|
| 19. Outstanding Debts                         | Add Line 2 + Line 9 in Column B above | $|

---

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

- Contributions Received: $0
- Expenditures Made: $0

**Expenditure Limit Summary for State Candidates**

- **22. Cumulative Expenditures Made** (of Subject to Voluntary Expenditure Limit)
  - Date of Election (mm/dd/yyyy): 
  - Total to Date: $0

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

---

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).
## Schedule B – Part 1
### Loans Received

**NAME OF FILER**
MIGUEL LOPEZ FOR MAYOR 2016

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (OR COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eva E. Lopez 2541 Taffrail Ln. Oxnard, CA 93035</td>
<td>Retired</td>
<td>$5,100.00</td>
<td>$0</td>
<td>$622.91</td>
<td>$0</td>
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<td>____</td>
<td>$622.91</td>
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<tr>
<td>Elizabeth Botello 4249 Harbour Island Way Oxnard, CA 93035</td>
<td>Teacher Oxnard Union High School District</td>
<td>$176.69</td>
<td>$0</td>
<td>$176.69</td>
<td>____</td>
<td>____</td>
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<tr>
<td>Miguel Lopez 2541 Taffrail Ln. Oxnard, CA 93035</td>
<td></td>
<td>$207.03</td>
<td>$0</td>
<td>$207.03</td>
<td>____</td>
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**Schedule B Summary**
1. Loans received this period... ($ Total Column (b) plus unitemized loans of less than $100.)  
   $ 0
2. Loans paid or forgiven this period... ($ Total Column (c) plus loans under $100 paid or forgiven.)  
   ($ Include loans paid by a third party that are also itemized on Schedule A.)  
   $5,483.72
3. Net change this period. (Subtract Line 2 from Line 1.)  
   NET $ -5,483.72

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

**Contributor Codes**
- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

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## Schedule E
### Payments Made

**Amended by:**

- **Statement covers period**
  - from 07/01/2018
  - through 12/31/2018

**NAME OF FILER:**

- **DR. MIGUEL LOPEZ FOR MAYOR 2018**

**L.D. NUMBER:**

- 1402185

### CODES:

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

### Name and Address of Payee

- **OP COMMITTEE ALSO ENTER L.D. NUMBER**

### Code or Description of Payment

<table>
<thead>
<tr>
<th>Code</th>
<th>Description of Payment</th>
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### Amount Paid

**SUBTOTAL $**

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 72.00
2. Unitemized payments made this period of under $100 $
3. Total interest paid this period on loans. (Enter from Schedule B, Part 1, Column (e).) $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 72.00

---

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**Schedule I**  
**Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

Statement covers period  
from _07/01/2018_  
through _12/31/2018_

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (OF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
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**Schedule I Summary**

1. Itemized increases to cash this period. .......................................................... $ 119.90
2. Unitized increases to cash of under $100 this period. ................................... $ 119.90
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .................................................. $ 119.90
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .......................... $ 119.90

**Subtotal $**

---

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
DR. MIGUEL LOPEZ FOR MAYOR 2018  

Page 6 of 6  
I.D. NUMBER  
1402185  

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