

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 2018

Received Date Stamp  
Oxnard City Clerk  
2019 JAN -2 PM 6:01

**CALIFORNIA FORM 410**

For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number</b> <i>(if applicable)</i>	1402185	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
DR. MIGUEL LOPEZ FOR MAYOR 2018

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

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

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER  
Eva E. Lopez

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

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 *Eva E. Lopez*  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/31/2018 By *[Signature]*  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT