Statement of Organization
Recipient Committee

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Initial</th>
<th>Amendment</th>
<th>Termination – See Part 5</th>
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<td>Not yet qualified</td>
<td></td>
<td>2019 JAN 29</td>
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<td>or Date qualification threshold met</td>
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<td>Date qualification threshold met</td>
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<td>2019 JAN -</td>
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1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>1387287</th>
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NAME OF COMMITTEE
MIGUEL LOPEZ FOR OXNARD MAYOR 2016

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

CITY
Oxnard

STATE
CA

ZIP CODE
93035

AREA CODE/PHONE
(805)889-8169

NAME OF TREASURER
Eva E. Lopez

STREET ADDRESS (NO P.O. BOX)

CITY
Oxnard

STATE
CA

ZIP CODE
93035

AREA CODE/PHONE
(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

JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura

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 OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

FPCC Form 410 (August/2018)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov