Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5
Not yet qualified
Date qualification threshold met
Date qualification threshold met

1. Committee Information
I.D. Number
1402185

NAME OF COMMITTEE
DR. MIGUEL LOPEZ FOR MAYOR 2018

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

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Eva E. Lopez

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

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

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
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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