ivecibient committee		Received Oxnard City Cle		Danard City		FOR	
Č	Initial Ame Not yet qualified or 07	7018 FEB 22 AM 11: 4	nation – See Part 5	2018 JAN 30 PM RECEIVED A in the office of the S	NO FIL ecretary of	LED	in Official Ose Only
	Date qualified as committee Date qua	lified as committee Date of	termination	of the State of			
1. Committee Info	ormation I.D. Number 13	87287	2. Treasurer an	d Other Principal	- CELON LON		
NAME OF COMMITTEE			NAME OF TREASURER Eva E. Lopez				
MIGUEL LOPEZ FO	OR OXNARD MAYOR 2016	street address (no p.o. bo 2541 Taffrail Ln.	x) .	ere comme cobole de la Talenta de Cardente			
street address (no p.o. bc 2541 Taffrail Ln.)X)	ang gangkan salausu sahanyi. * * * * * * * * * * * * * * * * * * *	CITY Oxnard	and a great plant in the factor of the foreign of the company of the second of the sec	STATE CA	ZIP CODE 93035	area code/phone (805) 984-4108
CITY Oxnard	STATE ZIP CODE CA 93035	area code/phone (805) 889-8169	NAME OF ASSISTANT TREASU	RER, IF ANY			
MAILING ADDRESS (IF DIFFE	RENT)	AND	STREET ADDRESS (NO P.O. BO	X)			
e-mail address (required miguellopezforoxna)/fax(optional) rd@gmail.com		CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS OXNARD	SACTIVE	NAME OF PRINCIPAL OFFICER	R(S)			
Manager de autoble de la companya de companya de companya de la companya del companya de la companya de la companya del companya de la companya del la companya de la compa			STREET ADDRESS (NO P.O. BO	X)			
Attach additional inj	formation on appropriately labeled co	ontinuation sheets.	CITY		STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all rease penalty of perjury 1/30/1	sonable diligence in preparing this sta under the laws of the State of Califor	ntement and to the best of my nia that the foregoing is true	knowledge the inforrand correct.	nation contained here	ein is true	and complete	e. I certify under
Executed on 1/30/	DATE By	TOPEN SIGNATURE O	DE TREASURER OR ASSISTANT TREA	ASURER		nyammakinininensinyi (nyamba	
Executed on	DATE By		FFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT	######################################	nijasuure kelästänissäärjohett e	
Executed on	DATE By	SIGNATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT		o paramental del del del del del del del del del de	
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