Statement of Organization						Date Stan	WV.J	CA	LIFORNI	A 440
Recipient Committee							ista 🗈	l G	FORM	410
Statement Type	☐ Initial	☐ Amendment	V	Termination – See Part 5	2010	1/11	_		For Official	Use Only
	O Not yet qualified				7019	JAN -2	PM 6	: 41		
	Or Data qualification throughold	net Date qualification threshold met		Data of termination				l		
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	NORMA CONTROLLEGICA CANADA CONTROLLEGICA CON			16. 31 2010				1		
1. Committee In	2. Treasurer and	l Other F	Principa	l Office	rs					
NAME OF COMMITTEE	NAME OF TREASURER		**************************************							
MIGUEL LOPEZ I	Eva E. Lopez									
	STREET ADDRESS (NO P.O. BOX) 2541 Taffrail Ln.	DOMESTIC CONTROL CONTR	,	OLEH ON AND GEROCONSCITTY						
STREET ADDRESS (NO P.O	CITY	501000-HO-HOUSE THE STREET		STATE	ZIP COE		REA CODE/PHONE			
2541 Taffrail Ln.				Oxnard	***************************************		CA	9303	30 (8)	05)984-4108
Oxnard		zip code area code/phone 93035 (805)889-816	9	NAME OF ASSISTANT TREASURE	R, IF ANY					
FULL MAILING ADDRESS (STREET ADDRESS (NO P.O. BOX)		DANIEL COMPANIENT AND COMPANIENT	and a second						
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY	auch-drovennen erstelle fin 1840 er in 1840 e		STATE	ZIP COE	DE Al	REA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S))					1
Кайтактазынын памоте и констормография объекторы сагасаты айын кыргызын констормография объекторы объектор	CONTRACTOR AND ACCUSATE AND ACCUSATE AND ACCUSATE ACCUSATION AND ACCUSATION AND ACCUSATION AND ACCUSATION ACCUSATION AND ACCUSATION ACCUSATION AND ACCUSATION ACCUSAT			STREET ADDRESS (NO P.O. BOX)					siemnen penjakan sosian pasa asak karama reconsysion niih	
Attach additional	information on appropriately	labeled continuation sheets.		CITY			STATE	ZIP COI	DE A	REA CODE/PHONE
		SIGNATURE OF CONT	is ti		JRER MEASURE PRO	PONENT	rein is tru	e and co	mplete. I cer 	tify under
and desired Off	DATE	SIGNATURE OF CON	TROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE	E MEASURE PRO	PONENT			— FPPC Form	410 (August/2018)

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