Statement of Organization Recipient Committee					d Ci	Date Stamp	CALIFO	
Statement Type	☐ Initial O Not yet qualified	☐ Amendment	2 T	ermination – See Part 5	N -2		FOR	or Official Use Only
	O Date qualification threshold met	Date qualification threshold met	1.	Date of termination 12 31 2018				
1. Committee Information I.D. Number (if applicable) 1402185				2. Treasurer and	Other P	rincipal Officer	S	
NAME OF COMMITTEE DR. MIGUEL LOF	PEZ FOR MAYOR 2018			NAME OF TREASURER EVA E. LOPEZ STREET ADDRESS (NO P.O. BOX) 2541 Taffrail Ln.				,
STREET ADDRESS (NO P.O. BOX) 2541 Taffrail Ln.				CITY Oxnard	ech a mach da cha a mach e lithró ghich an hait a t-má th	STATE CA	ZIP CODE 93035	area code/phone (805)984-4108
CITY Oxnard	STATE ZIP CODE AREA CODE/PHONE CA 93035 (805)889-8169			NAME OF ASSISTANT TREASURER	, IF ANY	mentre den la compressión de la compre	heta da mystologum (fili (punchin da gent kyrunyun ya maya madi myumatiki	and gummand his diane con nemous de dia de a dia dia de dia
FULL MAILING ADDRESS	(IF DIFFERENT)	10 mily 10 mil	положнования	STREET ADDRESS (NO P.O. BOX)		erandratus da programa programa programa de la minima de mende de se grandra de la media de la media de la medi	red and extra process from a low trop grad of the desired black all the desired black	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)				
			- Company of the Comp	STREET ADDRESS (NO P.O. BOX)		maliconscipii il buma Ettako discontessorro dell'inimo vito «Mort esse estacontes	germon-embres embresson de governis de propuesto en procesa e al centra de la companya en procesa e al centr	egyveetaanakalahittiin oyu veytiminin mihanishi viiskot esishadabid 5000 (600 (600 400 400 400 400 400 400 400
Attach additional	information on appropriately lab	eled continuation sheets.		CITY		STATE	ZIP CODE	AREA CODE/PHONE
	easonable diligence in preparing ry under the laws of the State of 12/31/2018 By	California that the foregoing Hapez SI SIGNATURE OF CONT	is true		RER MEASURE PROI	PONENT	and complete	e. I certify under
	DATE	SIGNATURE OF CONT	ROLLING	OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PRO	PONENT		•

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