		Received						
Statement of 6 Recipient Con	***				Oxnard Ci	ty Clo	K CALIF	
Statement Type	Initial O Not yet qualified or O Date qualified as	Committee O7 14 2016 Date qualified as committee	**************************************	ation – See Part 5	2018 JAN 30	PH 3: 2	9	For Official Use Only
1. Committee Ir	nformation	.D. Number (if applicable)		2. Treasurer ar	nd Other Princi	pal Office	rs	
MIGUEL LOPEZ FOR OXNARD MAYOR 2016				NAME OF TREASURER EVA E. Lopez STREET ADDRESS (NO P.O. BOX) 2541 Taffrail Ln.				
CITY Oxnard		TATE ZIP CODE AREA CODE/PHO CA 93035 (805) 889-8		NAME OF ASSISTANT TREASU	JRER, IF ANY	таминалин, муз вругу мэрүүлчэлчассы сурын өс сэл соорун		
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E-MAIL ADDRESS (REQUI	red) / Fax (optional) nard@gmail.com			CITY	ократите объекто по постоя в подателните на подателните на подателните на подателните на подателните на подате	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional	information on appr	opriately labeled continuation sheets.		CITY	gentas Augustus Descentas Augustus Augustus State (Antonio de distribuit	STATE	ZIP CODE	AREA CODE/PHONE
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	DATE	SIGNATURE OF	CONTROLLING OF	FICEHOLDER, CANDIDATE, OR ST.	ATE MEASURE PROPONENT	**************************************	NOTES DE LA CONTRACTOR	

FPPC Form 410 (October/2017)
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