Ventura

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Statement of C	-	ேய்	Meelysd.		HAV	ra ci	ty Clerk		ORNIA 410	
Recipient Com Statement Type	☐ Initial ○ Not yet qualified or	2019	OXNAID CITY CIOTK Amendment 2019 OCT 29 PM 2: 12 reshold met Date qualification threshold met		Tamaination Con Doub 5		1		FORM 2019 JAFOR Official Use Only 2019 JAFOR 22 ANTH: 28 CAMPAIGN ENANCE	
	/	./	/	1	2 31 2018					
1. Committee In	formation	.D. Numbe (if applicable)	r 1402185		2. Treasurer and	Other F	rincipal Office	rs		
NAME OF COMMITTEE					NAME OF TREASURER Eva E. Lopez					
DR. MIGUEL LOP	PEZ FOR MAYOR	2018			STREET ADDRESS (NO P.O. BOX) 2541 Taffrail Ln.					
street address (no p.o. 2541 Taffrail Ln.	. BOX)				Oxnard		STATE CA	ZIP CODE 93035	area code/phone (805)984-4108	
Oxnard		CA 930	- · · · · · · · · · · · · · · · · · · ·)	NAME OF ASSISTANT TREASURER,	, IF ANY				
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)					
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)				СІТУ		STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE					NAME OF PRINCIPAL OFFICER(S)					
			1911.000		STREET ADDRESS (NO P.O. BOX)					
Attach additional i	information on appr	opriately labe	led continuation sheets.		CITY	VI	STATE	ZIP CODE	AREA CODE/PHONE	
I have used all re	easonable diligence by under the laws of 12/31/2018	n preparing t the State of (his statement and to the best California that the foregoing is A. A. A. A. Signature of the	t of my s true a	knowledge the informat	ion conta	ined herein is tru	e and completo	e. I certify under	
Executed on	12/31/2018 DATE	Ву	IND WY WY		FICEHOLDER, CANDIDATE, OR STATE M		ONENT			
Executed on	DATE	By	SIGNATURE OF CONTR	OLLING OF	FICEHOLDER, CANDIDATE, OR STATE M	1EASURE PROF	ONENT			
Executed on	DATE	_ ву	SIGNATURE OF CONTR	OLLING OF	FICEHOLDER, CANDIDATE, OR STATE M	MEASURE PRO	PONENT			

FPPC Form 410 (August/2018)
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