Statement of (Recipient Cor	-	•				Stamp	CALIFOR FORIV	
Statement Type	Initial  Not yet qualified  or	Amendment List I.D. number:	Termina List I.D. numbe	t <b>ion – See Part 5</b> er:	CITY	of Oxnap	For O	official Use Only
		#		ak ngaya (m. 1900 ARIO ARIO ARIO ARIO ARIO ARIO ARIO ARIO	2016 JUI	NIb PI	: 21	Langelalina dimondes
	Date qualified as committee	Date qualified as committed (If applicable)	e Date of To	ermination				
1. Committee I	ti til vilka kan kuri aleksistä täätää täänä täänää tää kun etty vasti ja ka kan kan kan kan kan kan kan kan k			2. Treasurer and	Other Principa V& も、しかくし	l Officers		
Miguel Lop	ez For Oxhard Mayor	2016		STREET ADDRESS (NO P.O. B		i(Wianve.¥	19	en has stadenske kristisk over de gregor de trekte vins silv socialende en socialende
STREET ADDRESS (NO P.	O. BOX) Cibyla Ave #191	434		CITY	Oxhard	STATE CA	ZIP CODE	AREA CODE/PHONE
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MAILING ADDRESS (IF D	IFFERENT)	industrial the instancial phase become a proper to the state of the second and th	estatente la concentration de l'activité de	CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WE	ERE COMMITTEE IS ACTIVE	uannian pagamari na an na an	NAME OF PRINCIPAL OFFICE	ER(S)			
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Attach additiona	information on appropriate	ly labeled continuation s	heets.	CITY	tem temperatura nervorusu vasa vasa vuon tunnet vasa suo augusta vasa vasa vasa vasa vasa vasa vasa v	STATE	ZIP CODE	AREA CODE/PHONE
	reasonable diligence in prep ury under the laws of the Sta UNDATE By_		foregoing is true			l herein is true	and complete.	I certify under
Executed on	DATE By	SIGN	IATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR S	STATE MEASURE PROPONEN		миницинация применти	
Executed on	DATE By	SIGN	NATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR S	STATE MEASURE PROPONEN	T	COMMITTEE STATE OF THE STATE OF	
Executed on	DATE By	SIG	NATURE OF CONTROLLING C	DFFICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONEN	VT	A-COLOR COLOR COLO	

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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				44.00				

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I.D. NUMBER

COMMITTEE NAME MIGUEL CORES FOR OXNORD MUYOR 2016	I.D. N	UMBER		
<ul> <li>All committees must list the financial institution where the campaign b</li> </ul>	ank account is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT N	UMBER	
ADDRESS	CITY	STATE	ZIP CODE	
4. Type of Committee Complete the applicable sections.				
Controlled Committee	gal Tradis, matuurk (Transministratuur palaks arakks arak (mart) oli ole valt ta ta ta	k et alle de frank i filigi deli di dendera di kristika i diger dell'artikal dela deligi a tri espera	AD TO AD ABORDONE A製 MADE TO ACTION OF ACTION (ACTION)	e and Library (see 1977) (see 1972) (see 1972).
<ul> <li>List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.</li> </ul>	measure proponent. If o	andidate or officeholder con	trolled, also list the elect	ive office sought or held, and
• List the political party with which each officeholder or candidate	is affiliated or check "non	partisan."		
• If this committee acts jointly with another controlled committee,	list the name and identifi	cation number of the other c	ontrolled committee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		FFICE SOUGHT OR HELD ICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
	And the second s			Nonpartisan
	***************************************			Nonpartisan
Primarily Formed Committee Primarily formed to support or o	ppose specific candidates	or measures in a single elect	ion. List below:	neeraline setti osa Printinen eesin oo qoo ahaasaa ka k
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE	TTER) CA	NDIDATE(S) OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NO., CITY OR C		CHECK ONE
				SUPPORT OPPOSE
				SUPPORT OPPOSE

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

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I.D. NUMBER

COMMITTEE NAME MIGHT LOPEZ FUY DXNARD MAYOR 2016

4. Type of Committee (Continued)			
	or oppose specific candidates or meas  COUNTY Committee STATE Cor		only one box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY			
Sponsored Committee List additional sponsors on an	n attachment.		
NAME OF SPONSOR	INDUSTRY GROUP OR AFF	LIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE
Small Contributor Committee			

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- · This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.