

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment

- Not yet qualified
or
 Date qualified as committee

09 / 07 / 2018
Date qualified as committee

2018 SEP 20 PM 3:59
Date of termination

Received
Oxnard City Clerk
Termination - Sep Part 5

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
SEP 12 2018

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information I.D. Number (if applicable) 1409257 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Ken Oplinger for Oxnard City Council 2018

STREET ADDRESS (NO P.O. BOX)
5110 Whitecap Street

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93035 (805)366-0185

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
ken@ken4oxnard.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura City of Oxnard

NAME OF TREASURER
Kenneth Oplinger

STREET ADDRESS (NO P.O. BOX)
5110 Whitecap Street

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93035 (805)366-0185

NAME OF ASSISTANT TREASURER, IF ANY
Jen Slater

STREET ADDRESS (NO P.O. BOX)
9070 Irvine Center Drive, #150

CITY STATE ZIP CODE AREA CODE/PHONE
Irvine CA 92618 (949)858-7448

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/7/2018 By Jen Slater SIGNATURE OF TREASURER OR ASSISTANT TREASURER
DATE

Executed on 9/7/2018 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
DATE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Ken Oplinger for Oxnard City Council 2018

I.D. NUMBER

1409257

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (949)616-1409	BANK ACCOUNT NUMBER Redacted
ADDRESS 67 Technology Drive	CITY Irvine	STATE ZIP CODE CA 92618

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Kenneth Oplinger	City Council Member: City of Oxnard District 1	2018	X		
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Ken Oplinger for Oxnard City Council 2018

I.D. NUMBER

1409257

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____
Date qualified

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.