

497 Contribution Report

Amounts may be rounded to whole dollars.

Received 497 CONTRIBUTION REPORT

NAME OF FILER Ken Oplinger for Oxnard City Council 2018		Date of This Filing 10/30/2018	Date Stamp Oxnard City 2018 OCT 30 PM 1:52 CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805)366-0185	I.D. NUMBER (if applicable) 1409257	Report No. 2018-4	
STREET ADDRESS 5110 Whitecap Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oxnard	STATE CA	ZIP CODE 93035	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/30/2018	Apartment Assn of Greater Los Angeles PAC 515 S Figueroa St Ste 1110 Los Angeles, CA 90071 Committee ID # 811735	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____