

# 497 Contribution Report

Amounts may be rounded to whole dollars.

Received  
Oxnard City  
Date Stamp  
2018 OCT 31 PM 1:12  
497 CONTRIBUTION REPORT

NAME OF FILER Ken Oplinger for Oxnard City Council 2018			Date of This Filing <u>10/31/2018</u>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER (805)366-0185	I.D. NUMBER (if applicable) 1409257		Report No. <u>2018-5</u>	
STREET ADDRESS 5110 Whitecap Street			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oxnard	STATE CA	ZIP CODE 93035	No. of Pages <u>1</u>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/31/2018	Oxnard 2020 Coalition 30101 Town Center Dr Ste 204 Laguna Niguel, CA 92677 Committee ID # 1403750	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00  <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
		<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: \_\_\_\_\_