

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified or  Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date qualified as committee  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 12 / 31 / 2018 Date of termination

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**JAN 25 2019**

**CALIFORNIA FORM 410**  
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2019 FEB 14 PM 4:10  
 Oxnard City of

<p><b>1. Committee Information</b></p> <p><b>I.D. Number</b> (if applicable) 1409257</p> <p>NAME OF COMMITTEE Ken Oplinger for Oxnard City Council 2018</p> <p>STREET ADDRESS (NO P.O. BOX) 5110 Whitecap Street</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Oxnard</td> <td>CA</td> <td>93035</td> <td>(805)366-0185</td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT)</p> <p>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ken@ken4oxnard.com</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>COUNTY OF DOMICILE</th> <th>JURISDICTION WHERE COMMITTEE IS ACTIVE</th> </tr> <tr> <td>Ventura</td> <td>City of Oxnard</td> </tr> </table>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Oxnard	CA	93035	(805)366-0185	COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	Ventura	City of Oxnard	<p><b>2. Treasurer and Other Principal Officers</b></p> <p>NAME OF TREASURER Kenneth Oplinger</p> <p>STREET ADDRESS (NO P.O. BOX) 5110 Whitecap Street</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Oxnard</td> <td>CA</td> <td>93035</td> <td>(805)366-0185</td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY Jen Slater</p> <p>STREET ADDRESS (NO P.O. BOX) 9070 Irvine Center Drive, #150</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Irvine</td> <td>CA</td> <td>92618</td> <td>(949)858-7448</td> </tr> </table> <p>NAME OF PRINCIPAL OFFICER(S)</p> <p>STREET ADDRESS (NO P.O. BOX)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> </table>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Oxnard	CA	93035	(805)366-0185	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Irvine	CA	92618	(949)858-7448	CITY	STATE	ZIP CODE	AREA CODE/PHONE
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*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 1/7/2019 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/7/2019 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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**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 325105625175
ADDRESS 67 Technology Drive	CITY Irvine	STATE CA
		ZIP CODE 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 PROONENT	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.