Statement of			Oxnard Ci	Date Stamp	CALIF	ORNIA 440
Recipient Cor Statement Type	Initial Not yet qualified or O Date qualified as com	Amendment [Termination - See Part 5	PM 4: 08	FO	For Official Use Only
1. Committee li		. Number applicable)	2. Treasurer and Other Pi	rincipal Office	ers	
NAME OF COMMITTEE Ken Oplinger for	Oxnard City Council		NAME OF TREASURER Diana Oplinger STREET ADDRESS (NO P.O. BOX) 5110 Whitecap Street			
STREET ADDRESS (NO P.C	D. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
5110 Whitecap S	treet		Oxnard	CA	93035	8053660185
_{сітү} Oxnard	STATE	zip code area code/phone 93035 8053660185	NAME OF ASSISTANT TREASURER, IF ANY	Alle the first side stop in the complete the side of the product of the comment conducts appropriate the comment conducts and conducts are conducted to the comment conducts and conducts are conducted to the conduct conducts and conduct conducts are conducted to the conduct conducts and conduct conducts are conducted to the conduct conduct conducts and conduct conducts are conducted to the conduct conduct conducts and conduct conduct conducts are conducted to the conduct conduct conducts and conduct conduct conducts are conducted to the conduct conduct conducts and conduct conduct conducts are conducted to the conduct conduct conduct conduct conducts are conducted to the conduct con		
MAILING ADDRESS (IF DI	FFERENT)		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUI			CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE		ON WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Ventura	City of C	Oxnard	Kenneth Oplinger			
	and the part of th		street address (No P.O. BOX) 5110 Whitecap Street			
	information on appropri	iately labeled continuation sheets.	Oxnard	STATE CA	21P CODE 93035	area code/phone 8053660185
Executed on 8/3/2	2018 B DATE DATE DATE DATE DATE	By	est of my knowledge the information contain g is true and correct. SIGNATURE OF TREASURER OR ASSISTANT TREASURER DIROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO	INENT	e and complet	te. I certify under
EMONOMO CONTRACTOR CON	DATE		NTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO	MENT		

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee

Received

CALIFORNIA 410

1700 Proces and the contract of the contract o		Oxnard City Clerk				1 OKM			
INSTRUCTIONS ON REVERSE		we resource to the rest of the section				Page 2			
COMMITTEE NAME		2018 AUG -7 PM 4: 08				I.D. NUMBER		ENCENTRAL INFORMATION OF THE BUILDING STORY	
Ken Oplinger for Oxnard City Council 2018									
All committees must list the financial institution where the campaign	bank accour	it is located.							
						iki homeni hweewake kana ƙanaka ƙ	Widonahilikunikundikundikundiki diki tempohintura orincika zapukun zapuzu ya		
NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE		BANK ACCOUNT NUMBER					
Montecito Bank & Trust	8059	637511							
ADDRESS	CITY	enegatiste party en ser op party general for fan en fan en op party en fan fan fan de party fan fan en fers en	STATE	Z	IP CODE			SECONOMICO PROGRAMMA SECONOMIC	
4730 Telephone Road	Vent	ura	CA	9	3003				
4. Type of Committee Complete the applicable sections.									
Controlled Committee	reference of the section of the section of	and Egypt (1996) Methods and a standard and a standard for the contract of the standard and the standard and t	et en tropic d'en per part très en 1900 Marie de	15 7 (4) 141 141 41					
• List the name of each controlling officeholder, candidate, or state	e measure _l	proponent. If candidate	or officeholder c	ontrolled,	also list the ele	ctive offi	ce sought or he	eld, 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 par	tv preferer	nce" is acceptal	ole.			
		·			•				
 If this committee acts jointly with another controlled committee 	, list the na	me and identification nur	nber of the othe	r controlle	ed committee.				
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)				PARTY CHECK ONE			
				ELECTION	Nonpartisan	WATER CONTRACTOR OF THE PARTY O	(list political party	below)	
Kenneth Oplinger		Oxnard City Council, District 1		2018				·	
					Nonpartisan	Partisan	(list political party	below)	
						Section (Section)			
Primarily Formed Committee Primarily formed to support or committee	innase sned	rific candidates or measur	res in a single ele	action lie	t helow:				
Management comments are not always as a series of the seri			~						
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE' IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TTER)		FFICE SOUGHT OR HE DISTRICT NO., CITY O			l	CHECK	CONF	
			ooraninka kannaa ka	Transie Transie March (1995)			SUPPORT	OPPOSE	
						http://doi.org/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001			
		i					SHIDDODT	LOBBOSE	