

**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 _____/_____/_____ Date of termination

Received
Oxnard City Clerk
Date Stamp
2018 AUG -7 PM 4: 08

CALIFORNIA FORM 410
For Official Use Only

<p>1. Committee Information</p> <p>I.D. Number (if applicable)</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> <td style="width:33%;">CITY Oxnard</td> <td style="width:11%;">STATE CA</td> <td style="width:11%;">ZIP CODE 93035</td> <td style="width:45%;">AREA CODE/PHONE 8053660185</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> <td style="width:20%;">COUNTY OF DOMICILE Ventura</td> <td>JURISDICTION WHERE COMMITTEE IS ACTIVE City of Oxnard</td> </tr> </table>	CITY Oxnard	STATE CA	ZIP CODE 93035	AREA CODE/PHONE 8053660185	COUNTY OF DOMICILE Ventura	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Oxnard	<p>2. Treasurer and Other Principal Officers</p> <p>NAME OF TREASURER Diana Oplinger</p> <p>STREET ADDRESS (NO P.O. BOX) 5110 Whitecap Street</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">CITY Oxnard</td> <td style="width:11%;">STATE CA</td> <td style="width:11%;">ZIP CODE 93035</td> <td style="width:45%;">AREA CODE/PHONE 8053660185</td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>STREET ADDRESS (NO P.O. BOX)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">CITY</td> <td style="width:11%;">STATE</td> <td style="width:11%;">ZIP CODE</td> <td style="width:45%;">AREA CODE/PHONE</td> </tr> </table> <p>NAME OF PRINCIPAL OFFICER(S) Kenneth Oplinger</p> <p>STREET ADDRESS (NO P.O. BOX) 5110 Whitecap Street</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">CITY Oxnard</td> <td style="width:11%;">STATE CA</td> <td style="width:11%;">ZIP CODE 93035</td> <td style="width:45%;">AREA CODE/PHONE 8053660185</td> </tr> </table>	CITY Oxnard	STATE CA	ZIP CODE 93035	AREA CODE/PHONE 8053660185	CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY Oxnard	STATE CA	ZIP CODE 93035	AREA CODE/PHONE 8053660185
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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 8/3/2018 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/3/2018 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

Executed on _____ By _____
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Recipient Committee**

INSTRUCTIONS ON REVERSE

Received
Oxnard City Clerk

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COMMITTEE NAME Ken Oplinger for Oxnard City Council 2018	2018 AUG -7 PM 4: 08	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Montecito Bank & Trust	AREA CODE/PHONE 8059637511	BANK ACCOUNT NUMBER	
ADDRESS 4730 Telephone Road	CITY Ventura	STATE CA	ZIP CODE 93003

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	Oxnard City Council, District 1	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>