

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

**Received**  
Date Stamp  
Oxnard City

**CALIFORNIA FORM 497**  
For Official Use Only

2018 SEP 10 AM 8:47

NAME OF FILER Ken Oplinger for Oxnard City Council 2018		Date of This Filing 09/07/2018
AREA CODE/PHONE NUMBER (805)366-0185	I.D. NUMBER (if applicable) 1409257	Report No. 2018-1
STREET ADDRESS 5110 Whitecap Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Oxnard	STATE CA	ZIP CODE 93035
		No. of Pages 1

## 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
09/07/2018	Oxnard Chamber of Commerce PAC 400 E Esplanade Dr, #302 Oxnard, CA 93036 Committee ID # 961270	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		7,500.00  <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: \_\_\_\_\_