

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Council

497 CONTRIBUTION REPORT

NAME OF FILER Oxnard 2020 Coalition		Date of This Filing <u>10/29/2018</u>	Date Stamp 2018 OCT 29 PM 2:45	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1403750			
STREET ADDRESS 400 E. Esplanade Dr. #302		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>1</u>	
CITY Oxnard	STATE CA			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/26/2018	Ken Oplinger for Oxnard City Council 2018 (ID# 1409257) 5110 Whitecap Street Oxnard, CA 93030	Ken Oplinger City Council Member: City of Oxnard District 1	2,500.00	11/06/2018

Reason for Amendment: _____