497	Contr	ribution	Report
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Amounts may be rounded to whole dollars.

Received Oxnard City Clark

NAME OF FILER		Date of 9-7-2018		Date Stamp		CALIFORNIA 497	
OXNARD CHAMBER OF COMMERCE - PAC			This Filing		8 SEP 10	AM O. 117	FORM 43
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable	9)		1	V OLI IV	An 0: 47	For Official Use Only
805-983-6118	96-1270		Report No.	essensible de la dela dela comunicación de la comunicación de la comunicación de la dela dela dela dela dela d			
STREET ADDRESS			☐ Amendm	nent			
400 E ESPLANADE DR #302			to Report No.				
CITY	STATE	ZIP CODE	(explain below) No. of Pages	1			,
OXNARD	CA	93036					

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)
0.0.0040	2018	KEN OPLINGER OXNARD CITY COUNCIL DISTRICT 1	7500.00	11-6-2018
enter a contract of the contra	ID #1409257			

Reason for Amendment:

FPPC Form 497 (Jul/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov