

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk
Date Stamp

NAME OF FILER Oxnard Peace Officers' Association Political Action Comm			Date of This Filing <u>11-5-2018</u>	2018 NOV -5 PM 4: 26	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-797-6000	I.D. NUMBER (if applicable) 850242	Report No. <u>2018.1</u>			
STREET ADDRESS 251 South C Street			<input type="checkbox"/> Amendment to Report No. <u>000</u> <small>(explain below)</small>		
CITY Oxnard	STATE CA	ZIP CODE 93030	No. of Pages <u>2</u>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10-17-18	Ken Oplinger for Oxnard City Council, 2018 5110 Whitecap Street Oxnard, CA 93035 ID# 1409257	Ken Oplinger Office Description: Council Jurisdiction: City of Oxnard Office Sought	2,000.00	2,000.00

Reason for Amendment: _____

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NAME OF FILER AREA CODE/PHONE NUMBER _____ I.D. NUMBER <i>(if applicable)</i> _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____		Date of This Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages _____	Date Stamp _____	CALIFORNIA FORM 497 For Official Use Only
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
		<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
		<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

Reason for Amendment: _____

****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