

**Statement of Organization
Recipient Committee**

1350878

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Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

08 / 20 / 12
Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
For Official Use Only

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
AUG 28 2012

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AUG 28 2012

DEBRA BOWEN
Secretary of State

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Secretary of State

1. Committee Information

NAME OF COMMITTEE
Rydborg for Council 2012

STREET ADDRESS (NO P.O. BOX)
278 Sycamore St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	805-766-7299

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Ventura	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daniel Ray Rydberg

STREET ADDRESS (NO P.O. BOX)
278 Sycamore St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	805-766-7299

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)
Daniel Ray Rydberg

STREET ADDRESS (NO P.O. BOX)
278 Sycamore St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	805-766-7299

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 8-20-12
DATE

Executed on 8-20-12
DATE

Executed on _____
DATE

Executed on _____
DATE

By Daniel Rydberg
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Daniel Rydberg
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

CITY OF OXNARD
CITY CLERK

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COMMITTEE NAME

Rydborg for Council 2012

I.D. NUMBER

2012 SEP 20 P 2-25

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 "non-partisan."
- 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	PARTY
Daniel Ray Rydborg	Councilmember	2012	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Rabobank N.A.	805-240-1440	9424678403	
ADDRESS	CITY	STATE	ZIP CODE
155 South A Street	Oxnard	CA	93030

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
	2012 SEP 18 AM 10:58	SUPPORT	OPPOSE
		SUPPORT	OPPOSE