Statement of Organization Recipient Committee

Statement Type  □ Initial  □ Amendment  □ Termination – See Part 5

Not yet qualified □ or

List I.D. number:

List I.D. number:

09 10 2014
Date qualified as committee

Date qualified as committee

Date of Termination

NAME OF COMMITTEE
Linda R. Lindemann Oxnard City Council 2014

STREET ADDRESS (NO P.O. BOX)
1250 Ostrich Hill Road

CITY
Oxnard

STATE
CA

ZIP CODE
93036

AREA CODE/PHONE
(805)604-1700

MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

FAX / E-MAIL ADDRESS
Lindarl@verizon.net

COUNTY OF DOMICILE
Ventura, CA

JURISDICTION WHERE COMMITTEE IS ACTIVE
Oxnard, CA

Attach additional information on appropriately labeled continuation sheets.

NAME OF TREASURER
Linda R. Lindemann

STREET ADDRESS (NO P.O. BOX)
1250 Ostrich Hill Road

CITY
Oxnard

STATE
CA

ZIP CODE
93036

AREA CODE/PHONE
(805)604-1700

NAME OF ASSISTANT TREASURER, IF ANY

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF PRINCIPAL OFFICER(S)

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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 10/14/2014 By Linda R. Lindemann

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Linda R. Lindemann Oxnard City Council 2014**

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabobank, N.A.</td>
<td>(805)240-1440</td>
<td>146842130</td>
</tr>
</tbody>
</table>

**ADDRESS**

- **155 South A Street**
- **Oxnard**
- **CA**
- **93030**

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 “nonpartisan.”

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda R. Lindemann</td>
<td>Oxnard City Council</td>
<td>2014</td>
<td>☑ Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

- Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>