

156 1372846

**Statement of Organization Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: \_\_\_\_\_  
 # \_\_\_\_\_ # \_\_\_\_\_  
 09 / 10 / 2014 \_\_\_\_\_  
 Date qualified as committee Date qualified as committee (if applicable) Date of Termination

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State of the State of California  
 OCT 14 2014 OCT 28 P 2:41  
**CALIFORNIA FORM 410**  
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 R-DW

**1. Committee Information**

NAME OF COMMITTEE  
 Linda R. Lindemann Oxnard City Council 2014  
 STREET ADDRESS (NO P.O. BOX)  
 1250 Ostrich Hill Road  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Oxnard CA 93036 (805)604-1700  
 MAILING ADDRESS (IF DIFFERENT)  
 FAX / E-MAIL ADDRESS  
 Lindarl@verizon.net  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Ventura, CA Oxnard, CA

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Linda R. Lindemann  
 STREET ADDRESS (NO P.O. BOX)  
 1250 Ostrich Hill Road  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Oxnard CA 93036 (805)604-1700  
 NAME OF ASSISTANT TREASURER, IF ANY  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 NAME OF PRINCIPAL OFFICER(S)  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**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 Oct 8, 2014 By Linda R. Lindemann  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on Oct 8, 2014 By Linda R. Lindemann  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Linda R. Lindemann Oxnard City Council 2014

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

NAME OF FINANCIAL INSTITUTION Rabobank, N.A.	AREA CODE/PHONE (805)240-1440	BANK ACCOUNT NUMBER 146842130
ADDRESS 155 South A Street	CITY Oxnard	STATE ZIP CODE 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Linda R. Lindemann	Oxnard City Council	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>