

**Statement of Organization
Recipient Committee**

Statement Type Initial
 Not yet qualified
 or
 Date qualified as committee

Amendment

Termination

08, 08, 2018
Date qualified as committee

2018 AUG -9
Date of termination

Date Stamp
 Received
 Oxnard City Clerk
 See Part 5
 AUG -9 AM 11:14

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information I.D. Number (if applicable) 1403949 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
CRYDER FOR OXNARD CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)
3015 Naples DR

CITY STATE ZIP CODE AREA CODE/PHONE
OXNARD CA 93035 805-884-1248

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Kari.Cryder@yahoo.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
VENTURA City of Oxnard

NAME OF TREASURER
Kari Cryder

STREET ADDRESS (NO P.O. BOX)
3015 Naples DR

CITY STATE ZIP CODE AREA CODE/PHONE
OXNARD CA 93035

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 8/9/18 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/9/18 By [Signature]
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

COMMITTEE NAME

I.D. NUMBER

CRYDER FOR OXNARD CITY COUNCIL 2018

140 3949

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

NAME OF FINANCIAL INSTITUTION <i>WELLS FARGO BANK</i>	AREA CODE/PHONE <i>805-483-8673</i>	BANK ACCOUNT NUMBER	
ADDRESS <i>450 So Ventura Rd</i>	CITY <i>OXNARD</i>	STATE <i>CA</i>	ZIP CODE <i>93030</i>

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." Stating "No party preference" is acceptable.
- 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	CHECK ONE		PARTY
			Nonpartisan	Partisan (list political party below)	
<i>KARI CRYDER</i>	<i>CITY COUNCIL MEMBER District 1</i>	<i>2018</i>	<input checked="" type="checkbox"/>		
			<input type="checkbox"/>		

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

Clear Page

Print

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410	
Page 3	
I.D. NUMBER	140 3949

COMMITTEE NAME
CRYDER FOR OKNARD CITY COUNCIL 2018

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE

Small Contributor Committee / /
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Clear Page **Print**