CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT
Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CRYDER KARI L

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
CITY OF OXNARD COUNCIL MEMBER
Division, Board, Department, District, if applicable Your Position
CITY COUNCIL DISTRICT ONE
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: N/A Position: 

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☒ City of OXNARD
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left ___/___/_____ (Check one)
-OR-
☐ The period covered is January 1, 2017, through the date of leaving office.
☐ The period covered is ___/___/_____, through the date of leaving office.
☐ Assuming Office: Date assumed ___/___/_____ □ Candidate: Date of Election November 6, 2018, and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1
Schedules attached
☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
-OR-
☒ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
3015 Nicasia Dr. Oxnard CA 93035
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(805) 954-1248 Kari.cryder@ymail.com
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 8/7/18 (Month, day, year) Signature

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov