Recipient Committee Campaign Statement Cover Page

<table>
<thead>
<tr>
<th>Statement covers period from</th>
<th>October 20, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>through</td>
<td>October 20, 2018</td>
</tr>
</tbody>
</table>

1. **Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
   - [x] Officeholder, Candidate Controlled Committee
     - [ ] State Candidate Election Committee
     - [x] Recall
       (Also Complete Part 6)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [x] Political Party/Central Committee
     (Also Complete Part 7)
   - [ ] Primarily Formed Ballot Measure Committee
     - [x] Controlled
     - [ ] Sponsored
       (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee

2. **Type of Statement:**
   - [x] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. **Committee Information**

| I.D. NUMBER | 1403949 |

**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):**
Cryder for Oxnard City Council 2018

**STREET ADDRESS (NO P.O. BOX):**
3015 Naples Drive

**CITY**
Oxnard

**STATE**
CA

**ZIP CODE**
93035

**AREA CODE/PHONE**
805-984-1248

4. **Verification**
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 October 25, 2018**

**By**
[Signature]

**Executed on October 25, 2018**

**By**
[Signature]
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kari Cryder
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member, City of Oxnard
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3015 Naples Drive Oxnard, CA 93035

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT

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NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$0</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$75.84</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$75.84</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$75.84</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEGINNING CASH BALANCE</td>
<td>$2010.02</td>
</tr>
<tr>
<td>CASH RECEIPTS</td>
<td>$0</td>
</tr>
<tr>
<td>MISCELLANEOUS INCREASES TO CASH</td>
<td>$0</td>
</tr>
<tr>
<td>CASH PAYMENTS</td>
<td>$75.84</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$1934.18</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
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<tbody>
<tr>
<td></td>
<td>$</td>
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</table>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 8 (if any).
Schedule B – Part 1
Loans Received

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name 1</td>
<td>3015 Naples Drive, Oxnard, CA 93035</td>
<td>$1700.00</td>
<td>$0</td>
<td>$1700.00</td>
<td>0%</td>
<td>$1700.00</td>
<td>CALENDAR YEAR</td>
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<td></td>
<td>PER ELECTION**</td>
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</tbody>
</table>

Kari Cryder
Manager, SnapSix LP

Schedule B Summary

1. Loans received this period .............................................. $ 0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ................................ $ 0
   (Total Column (c) plus loans under $100 paid or forgiven,)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ........ $ 0
   (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.
## Schedule E

**Payments Made**

Amounts may be rounded to whole dollars.

### NAME OF FILER

Cryder for Oxnard City Council 2018

### CODES:

If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL l.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staples</td>
<td>OFC</td>
<td></td>
<td>11.84</td>
</tr>
<tr>
<td>Wells Fargo Bank</td>
<td></td>
<td>Monthly fee</td>
<td>14.00</td>
</tr>
<tr>
<td>Knights of Columbus, Oxnard</td>
<td>PRT</td>
<td></td>
<td>50.00</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL $ 75.84**

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 75.84
2. Unitemized payments made this period of under $100. ......................................................................................... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........... TOTAL $ 75.84