CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Received
Oxnard City Clerk

Date Initial Filing Received
Official Use Only

Please type or print in ink.

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

2018 AUG -9 AM 11: 14

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF OXNARD

Your Position **COUNCIL MEMBER**

Division, Board, Department, District, if applicable
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)*

☐ **Annual:** The period covered is January 1, 2017, through December 31, 2017.
-or-
The period covered is ___/___/___, through December 31, 2017.

☐ **Assuming Office:** Date assumed ___/___/___

☑ **Candidate:** Date of Election **November 6, 2018**, and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___
(Check one)

○ The period covered is January 1, 2017, through the date of leaving office.
-or-

○ The period covered is ___/___/___, through the date of leaving office.

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

All interests are outside of jurisdiction which I manage from my home

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)
3015 Naples Dr.

CITY **OXNARD**

STATE **CA**

ZIP CODE **93035**

DAYTIME TELEPHONE NUMBER **(805) 984-1248**

E-MAIL ADDRESS **Kari.Cryder@yahoo.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 _____
(File the originally signed statement with your filing official.)