

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 01 / 31 / 2019

Received
Oxnard City Clerk
Date Stamp
2019 JAN 30 AM 9:10

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	I.D. Number (if applicable) 1410534	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Ralston For Oxnard City Council 2018

STREET ADDRESS (NO P.O. BOX)
401 Geranium Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	805-218-9144

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
leralston@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Oxnard, District 2

NAME OF TREASURER
Lynn Ralston

STREET ADDRESS (NO P.O. BOX)
401 Geranium Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	805-218-4916

NAME OF ASSISTANT TREASURER, IF ANY
N/A

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Lance Ralston

STREET ADDRESS (NO P.O. BOX)
401 Geranium Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	805-218-9144

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 1-25-19 By Lynn Ralston
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/29/19 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