

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Received
Oxnard City Clerk

Termination - See Part 5
 2019 MAR -7 PM 3: 57
 Date of termination
 01 / 31 / 2019

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of
 of the State of California
 JAN 8 1 2019

CALIFORNIA FORM 410
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1. Committee Information I.D. Number (if applicable) 1410534 **2. Treasurer and Other Principal Officers**

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

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input checked="" type="checkbox"/> Termination – See Part 5 Date of termination 2 / 01 / 2019
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Date Stamp
RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California
FEB 15 2019

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1. Committee Information I.D. Number 961085 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Hernandez College Board 2018

STREET ADDRESS (NO P.O. BOX)
398 Simon Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	Ca	93036	805-443-3812

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
hernandez805@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Oxnard Ca

NAME OF TREASURER
Arturo Y Hernandez

STREET ADDRESS (NO P.O. BOX)
398 Simon Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	Ca	93036	805-443-3812

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

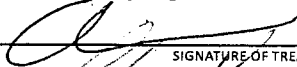
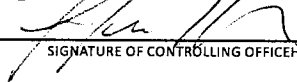
STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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	2/01/2019	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	2/01/2019	By	
	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**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met _____/_____/_____

Amendment
 Date qualification threshold met _____/_____/_____

Termination - See Part 5
 Date of termination
 02 / 12 / 19

Date Stamp
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FEB 19 2019

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1. Committee Information **I.D. Number** 1411432 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Caring for Rio Schools - Yes on Measure L

STREET ADDRESS (NO P.O. BOX)
 c/o 1691 Paseo Maravilla

CITY STATE ZIP CODE AREA CODE/PHONE
 Camarillo CA 93012 805-443-7932

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Ventura Rio School District

NAME OF TREASURER
 Kim Dawson

STREET ADDRESS (NO P.O. BOX)
 1691 Paseo Maravilla

CITY STATE ZIP CODE AREA CODE/PHONE
 Camarillo CA 93012 805-443-7932

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
 Wanda Kelley

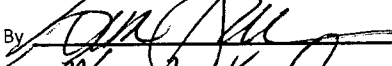
STREET ADDRESS (NO P.O. BOX)
 1677 Buena Vista Street

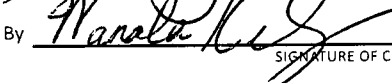
CITY STATE ZIP CODE AREA CODE/PHONE
 Ventura CA 93001 805-701-2535

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 02/12/19 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/12/19 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT