Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5

Date qualification threshold met

Date of termination
01/31/2019

1. Committee Information
I.D. Number
1410534

NAME OF COMMITTEE
Ralston For Oxnard City Council 2018

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

CITY
Oxnard

STATE
CA

ZIP CODE
93036

AREA CODE/PHONE
805-218-9144

FAX (OPTIONAL)

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

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
Oxnard, District 2

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Lynn Ralston

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

CITY
Oxnard

STATE
CA

ZIP CODE
93036

AREA CODE/PHONE
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
Oxnard

STATE
CA

ZIP CODE
93036

AREA CODE/PHONE
805-218-9144

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.

Signed:
Lynn Ralston

DATE
1/25/19

By

DATE
1/29/19

By

DATE

By

DATE

By

Attache additional information on appropriately labeled continuation sheets.

FPPC Form 410 (August/2018)
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