

COVER PAGE

2018 AUG -9 AM 10:15

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
RALSTON LANCE EMERSON

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Oxnard
Division, Board, Department, District, if applicable District 2
Your Position City Councilperson

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Oxnard Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2017, through December 31, 2017.
- Assuming Office: Date assumed _____
- Candidate: Date of Election Nov 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.
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
401 Geranium Place Oxnard CA 93036
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(805) 218-9144 lralston@gmail.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 [Handwritten Signature]
(File the originally signed statement with your filing official.)

