

54  
**Statement of Organization  
 Recipient Committee**

Type or print in ink

1348739

STATEMENT OF ORGANIZATION

Statement Type  Initial  Amendment  Termination - See Part 9  
 Not yet qualified  or

List I.D. number:  
 # \_\_\_\_\_

List I.D. number:  
 # \_\_\_\_\_

\_\_\_\_\_  
 Date qualified as committee

\_\_\_\_\_  
 Date qualified as committee  
 (if applicable)

\_\_\_\_\_  
 Date of Termination

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California

**CALIFORNIA FORM 410**  
 For Official Use Only  
 JUL 16 2012 2012 JUL 26 A 11:31

**DEBRA BOWEN  
 Secretary of State**

**1. Committee Information**

NAME OF COMMITTEE  
 Oxnard 4 Larry Stein City Clerk 2012

STREET ADDRESS (NO P.O. BOX)  
 1965 Falkner Place East

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93033-1901	

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

Support-Larry-Stein@Oxnard-4-Larry-Stein.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Ventura	

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Lawrence Stein

STREET ADDRESS (NO P.O. BOX)  
 1965 Falkner Place East

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93033	805 486-6799

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)  
 Lawrence Stein

STREET ADDRESS (NO P.O. BOX)  
 1965 Falkner Place East

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93033-1901	805 486-6799

**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 07/11/2012  
 DATE

By *Larry Paul Stein*  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
 DATE

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
 DATE

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 07/11/2012  
 DATE

By *Larry Paul Stein*  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Oxnard 4 Larry Stein City Clerk 2012

I.D. NUMBER

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Lawrence Paul Stein	Oxnard City Clerk	2012	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
US Bank	805 983-1458	157500013782

ADDRESS	CITY	STATE	ZIP CODE

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE