

**Statement of Organization
Recipient Committee**

Type or print in ink

"COPY" STATEMENT OF ORGANIZATION

Statement Type Initial

Not yet qualified or

Amendment

List I.D. number:

1348739

08 / 10 / 12

Date qualified as committee

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

Date Stamp

RECEIVED AND FILE
in the office of the Secretary of State
of the State of California

AUG 20 2012 7:12 SEP 12 A 10:49

DEBRA BOWEN
Secretary of State

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1. Committee Information

NAME OF COMMITTEE

Oxnard 4 Larry Stein City Clerk 2012

STREET ADDRESS (NO P.O. BOX)

1965 Falkner Place

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93033 805 486-6799

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

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

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

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 08/16/2012 DATE

Executed on 08/16/2012 DATE

Executed on _____ DATE

Executed on _____ DATE

By Lawrence Stein SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Lawrence Stein SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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