

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11/04/2014</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp</p> <p>2014 MAY -8 P 3:48</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 14 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lawrence Paul Stein

STREET ADDRESS

1965 Falkner Place

CITY

STATE

ZIP CODE

Oxnard

CA

93033

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

805 486-6799

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Mayor

JURISDICTION (LOCATION)

City of Oxnard, CA

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05/08/2014
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE