Statement of Organization
Recipient Committee

1. Committee Information
NAME OF COMMITTEE
Larry Stein 4 Oxnard Treasurer 2016

STREET ADDRESS (NO P.O. BOX)
1965 Falkner Place
Oxnard CA 93033 (805)486-6799

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
LPS00713@Gmail.com

COUNTY OF DOMICILE
Oxnard

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Lawrence Paul Stein

STREET ADDRESS (NO P.O. BOX)
1965 Falkner Place
Oxnard CA 93033 (805)486-6799

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

NAME OF PRINCIPAL OFFICER(S)

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 08/07/2016
DATE
By

Executed on 08/07/2016
DATE
By

Executed on
DATE
By

Executed on
DATE
By

NAME OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

NAME OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Statement of Organization

#### Recipient Committee

**INSTRUCTIONS ON REVERSE**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry Stein 4 Oxnard Treasurer 2016</td>
<td>1387960</td>
</tr>
</tbody>
</table>

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Bank</td>
<td>(805)604-2200</td>
<td>157508708755</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2385 North Oxnard Blvd</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

#### 4. Type of Committee

**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 “nonpartisan.”

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawrence Paul Stein</td>
<td>City of Oxnard Treasurer</td>
<td>2016</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
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<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
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<td></td>
<td>OPPOSE</td>
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</table>

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