

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 1387960
 _____ List I.D. number: # _____
 _____ Date qualified as committee _____ Date qualified as committee _____ Date of Termination _____
(if applicable)

Date Stamp	CALIFORNIA FORM 410
AUG 08 2016 <i>City Clerk</i>	
For Official Use Only	

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Larry Stein 4 Oxnard Treasurer 2016

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)

FAX / E-MAIL ADDRESS
LPS00713@Gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER
Lawrence Paul 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

Attach additional information on appropriately labeled continuation sheets.

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 By *Lawrence Paul Stein*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/07/2016 By *Lawrence Paul Stein*
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

AUG 08 2016 LP.

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INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

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COMMITTEE NAME
Larry Stein 4 Oxnard Treasurer 2016

I.D. NUMBER
1387960

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

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE (805)604-2200	BANK ACCOUNT NUMBER 157508708755
ADDRESS 2385 North Oxnard Blvd	CITY Oxnard	STATE ZIP CODE CA 93030

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 "nonpartisan."
- 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	City of Oxnard Treasurer	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>