# Statement of Organization
Recipient Committee

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Amendment</th>
<th>Termination – See Part 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>☑️ Amended</td>
<td></td>
</tr>
</tbody>
</table>

List I.D. number:

# 1387960

Date qualified as committee:

Date qualified as committee (if applicable):

Date of Termination:

## 1. Committee Information

**NAME OF COMMITTEE**

Larry Stein & Oxnard Treasurer 2016

**STREET ADDRESS (NO P.O. BOX)**

1965 Falkner Place

**CITY**

Oxnard

**STATE**

CA

**ZIP CODE**

93033

**AREA CODE/PHONE**

(805)486-6799

**NAME OF TREASURER**

Lawrence Paul Stein

**STREET ADDRESS (NO P.O. BOX)**

1965 Falkner Place

**CITY**

Oxnard

**STATE**

CA

**ZIP CODE**

93033

**AREA CODE/PHONE**

(805)486-6799

**NAME OF ASSISTANT TREASURER, IF ANY**


**MAILING ADDRESS (IF DIFFERENT)**

**FAX / E-MAIL ADDRESS**

LPS00713@Gmail.com

**COUNTY OF DOMICILE**

**JURISDICTION WHERE COMMITTEE IS ACTIVE**


Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

**DATE**

08/07/2016

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**


**DATE**

08/07/2016

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**


**DATE**

08/07/2016

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**


**DATE**

08/07/2016

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**


FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
Larry Stein 4 Oxnard Treasurer 2016

- 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** 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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</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>
</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>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
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