Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 09/25/2016
through 10/21/2016

Date of election (if applicable)
(Month, Day, Year)
11/08/2016

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)

☐ Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Larry Stein 4 Oxnard Treasurer 2016

STREET ADDRESS (NO P.O. BOX)
1965 Falkner Place

CITY
Oxnard

STATE ZIP CODE AREA CODE/PHONE
CA
93033
805 486-6799

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY
Oxnard

NAME OF TREASURER
Lawrence Paul Stein

MAILING ADDRESS
1965 Falkner Place

CITY
Oxnard

STATE ZIP CODE AREA CODE/PHONE
CA
93033
805 486-6799

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

OPTIONAL: FAX / E-MAIL ADDRESS
lps00713@Gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/24/2016
By Signature of Treasurer or Assistant Treasurer

Executed on 10/24/2016
By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on
By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on
By Signature of Controlling Officeholder, Candidate, State Measure Proponent

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www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Lawrence Paul Stein</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Treasurer City of Oxnard</td>
</tr>
<tr>
<td>Residential/Business Address (No. and Street)</td>
<td>1965 Falkner Place</td>
</tr>
<tr>
<td>City</td>
<td>Oxnard</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Zip</td>
<td>93033</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

6. Primarily Formed Ballot Measure Committee

| NAME OF BALLOT MEASURE | | |
|------------------------|------------------------|
| BALLOT NO. OR LETTER | JURISDICTION |
| SUPPORT | OPPOSE |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
**Contributions Received**

1. Monetary Contributions ........................................... Schedule A, Line 3 $ 60.00 $ 220.00
2. Loans Received ........................................................... Schedule B, Line 3 $ 100.00 $ 400.00
3. SUBTOTAL CASH CONTRIBUTIONS .................................. Add Lines 1 + 2 $ 160.00 $ 620.00
4. Nonmonetary Contributions ........................................ Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED .................................. Add Lines 3 + 4 $ 160.00 $ 620.00

**Expenditures Made**

6. Payments Made .......................................................... Schedule E, Line 4 $ 219.00 $ 504.00
7. Loans Made .................................................................. Schedule H, Line 3
8. SUBTOTAL CASH PAYMENTS ........................................ Add Lines 6 + 7 $ 219.00 $ 504.00
9. Accrued Expenses (Unpaid Bills) .................................... Schedule F, Line 3
10. Nonmonetary Adjustment ............................................... Schedule C, Line 3
11. TOTAL EXPENDITURES MADE .......................................... Add Lines 8 + 9 + 10 $ 219.00 $ 504.00

**Current Cash Statement**

12. Beginning Cash Balance .............................................. Previous Summary Page, Line 16 $ 175.00
13. Cash Receipts ............................................................. Column A, Line 3 above $ 160.00
14. Miscellaneous Increases to Cash ..................................... Schedule I, Line 4
15. Cash Payments ............................................................ Column A, Line 8 above $ 219.00
16. ENDING CASH BALANCE .............................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 116.00

*If this is a termination statement, Line 16 must be zero.*

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED ..................................... Schedule B, Part 2
18. Cash Equivalents ........................................................ See instructions on reverse
19. Outstanding Debts ..................................................... Add Line 2 + Line 9 in Column B above

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

- 20. Contributions Received $ ________ $ ________
- 21. Expenditures Made $ ________ $ ________

**Expenditure Limit Summary for State Candidates**

- 22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
  - Date of Election (mm/dd/yy) $ ________ $ ________
  - Total to Date $ ________ $ ________

*Amounts in this section may be different from amounts reported in Column B.
**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded to whole dollars.

**Statement covers period**  
**from** 09/25/2016  
**through** 10/21/2016

### See Instructions on Reverse

**Name of Filer**

Larry Stein  
Oxnard Treasurer 2016

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and ZIP Code of Contributor</th>
<th>Contributor Code *</th>
<th>IF an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election to Date (If Required)</th>
</tr>
</thead>
</table>
| 10/10/2016    | Joseph O'Neill  
705 North A Street  
Oxnard, CA 93030 | √ IND  
COM  
OTH  
PTY  
SCC | Attorney Self  
Employed | 60.00 | 120.00 |  

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .................................................. $ 60.00

2. Amount received this period – unitemized monetary contributions of less than $100 .................................. $ 0

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $ 60.00
## Schedule B - Part 1
### Loans Received

**NAME OF FILER:** Larry Stein 4 Oxnard Treasurer 2016

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>LOAN RECIPIENT</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT close OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry Stein 1965 Falkner Place Oxnard, CA 93033</td>
<td>Accountant AMCR Financial Services</td>
<td>$300.00</td>
<td>$100.00</td>
<td>$400.00</td>
<td>11/30/16</td>
<td>$0</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>$300.00</td>
<td>$100.00</td>
<td>$400.00</td>
<td>11/30/16</td>
<td>$0</td>
<td>CALENDAR YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$300.00</td>
<td>$100.00</td>
<td>$400.00</td>
<td>11/30/16</td>
<td>$0</td>
<td>CALENDAR YEAR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule B Summary

1. Loans received this period ................................................. $100.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ...................................... $0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ............ NET $100.00
   Enter the net here and on the Summary Page, Column A, Line 2.

---

*Amounts forgiven or paid by another party also must be reported on Schedule A.

**If required.**

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Schedule E
Payments Made

NAME OF FILER
Larry Stein 4 Oxnard Treasurer 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberty Printing</td>
<td>CMP</td>
<td>Campaign Signs</td>
<td>216.00</td>
</tr>
<tr>
<td>1101 Commercial Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93033</td>
<td>OFC</td>
<td>Bank Fee</td>
<td>3.00</td>
</tr>
<tr>
<td>US Bank</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 219.00
2. Unitemized payments made this period of under $100 ........................................................................................................ $ .....
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ........................................ $ .....
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ............ TOTAL $ 219.00

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