### Recipient Committee
Campaign Statement
Cover Page

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 10/22/2016 through 12/31/2016</td>
<td>11/08/2016 (Month, Day, Year)</td>
</tr>
</tbody>
</table>

#### 1. Type of Recipient Committee:
- [x] Officeholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall (Also Complete Part 5)
- [ ] Primarily Formed Ballot Measure Committee
- [ ] Controlled
- [ ] Sponsored (Also Complete Part 6)
- [ ] General Purpose Committee
- [ ] Sponsored
- [ ] Small Contributor Committee
- [ ] Political Party/Central Committee
- [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

#### 2. Type of Statement:
- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [x] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

#### 3. Committee Information
- **I.D. NUMBER**: 1387960
- **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**: CA
- **ZIP CODE**: 93033
- **AREA CODE/PHONE**: 805 486-6799

#### Treasurer(s)
- **NAME OF TREASURER**: Lawrence Paul Stein
- **MAILING ADDRESS**: 1965 Falkner Place
  - **CITY**: Oxnard
  - **STATE**: CA
  - **ZIP CODE**: 93033
- **NAME OF ASSISTANT TREASURER, IF ANY**

#### 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**: 01/28/2017
- **Date**: [Signature of Treasurer or Assistant Treasurer]

- **Executed on**: 01/28/2017
- **Date**: [Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor]

- **Executed on**: [Date]
- **Signature of Controlling Officeholder, Candidate, State Measure Proponent]

- **Executed on**: [Date]
- **Signature of Controlling Officeholder, Candidate, State Measure Proponent]
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawrence Paul Stein</td>
<td></td>
</tr>
<tr>
<td>TREASURER CITY OF OXNARD</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</td>
<td></td>
</tr>
<tr>
<td>1965 Falkner Place Oxnard CA 93033</td>
<td></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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td></td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td></td>
</tr>
<tr>
<td>CONTROLLED COMMITTEE?</td>
<td>YES NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY STATE ZIP CODE AREA CODE/PHONE</td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER JURISDICTION</td>
<td>SUPPORT OPPOSE</td>
</tr>
</tbody>
</table>

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

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ 50.00 $ 270.00
2. Loans Received ........................................... Schedule B, Line 3 0 400.00
3. SUBTOTAL CASH CONTRIBUTIONS ..................... Add Lines 1 + 2 $ 50.00 $ 670.00
4. Nonmonetary Contributions ................................. Schedule C, Line 3 0 670.00
5. TOTAL CONTRIBUTIONS RECEIVED .................. Add Lines 3 + 4 $ 0.00 $ 670.00

### Expenditures Made

6. Payments Made ............................................. Schedule E, Line 4 $ 0 $ 504.00
7. Loans Made ..................................................... Schedule H, Line 3 166 166.00
8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7 $ 166 $ 670.00
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 $ 116 $ 670.00

### Current Cash Statement

12. Beginning Cash Balance ................................ Previous Summary Page, Line 16 $ 116.00
13. Cash Receipts .............................................. Column A, Line 3 above 50.00
14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4 166.00
15. Cash Payments ............................................. Column A, Line 8 above
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 0.00

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

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

Expenditure Limit Summary for State Candidates

*Amounts in this section may be different from amounts reported in Column B.

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ....................................... See instructions on reverse $ 
19. Outstanding Debts ..................................... Add Line 2 + Line 9 in Column B above $
### Schedule A Summary

1. Amount received this period — itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................. $ 50.00
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 $ 50.00

*Contributor Codes
IND — Individual
COM — Recipient Committee (other thanPTY or SCC)
OTH — Other (e.g., business entity)
PTY — Political Party
SCC — Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule B – Part 1
Loans Received

#### Full Name, Street Address and ZIP Code of Lender
- **Larry Stein**
- **1965 Falkner Place**
- **Oxnard, CA 93033**

#### Occupation and Employment Identification
- **Accountant**
- **AMCR Financial Services**

<table>
<thead>
<tr>
<th>(a) Outstanding Balance Beginning This Period</th>
<th>(b) Amount Received This Period</th>
<th>(c) Amount Paid or Forgiven This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$400.00</td>
<td>$0.00</td>
<td>$166.00 $00.00 $234.00 11/30/16</td>
</tr>
</tbody>
</table>

#### Contribution Details

- **Date Incurred**: 11/30/16
- **Interest Paid This Period**: 0%
- **Original Amount of Loan**: $166.00

#### Summary

- **Subtotals**: $0.00

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**Schedule B Summary**

1. Loans received this period...
   - (Total Column (b) plus unitemized loans of less than $100.)
   - $0.00

2. Loans paid or forgiven this period...
   - (Total Column (c) plus loans under $100 paid or forgiven.)
   - (Include loans paid by a third party that are also itemized on Schedule A.)
   - $400.00

3. Net change this period. (Subtract Line 2 from Line 1.)
   - Enter the net here and on the Summary Page, Column A, Line 1.
   - **NET $-400.00**

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

**If required.