### Statement of Organization

**Recipient Committee**

**Statement Type**  
- [ ] Initial  
- [ ] Amendment  
- [ ] Termination – See Part 5

**List I.D. number:**

- [ ] 1387960

- [ ] 01/30/2017  
- [ ] Date of Termination

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### 1. Committee Information

**NAME OF 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

**MAILING ADDRESS (IF DIFFERENT)**

**FAX / E-MAIL ADDRESS**

LPS00713@Gmail.com

**COUNTY OF DOMICILE**

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

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**2. Treasurer and Other Principal Officers**

**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**

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**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 01/30/2017**  
**DATE**

- [ ]  

**Signature of Treasurer or Assistant Treasurer**

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**Executed on 01/30/2017**  
**DATE**

- [ ]  

**Signature of Controlling Officeholder, Candidate, or State Measure Proponent**

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**Executed on**  
**DATE**

- [ ]  

**Signature of Controlling Officeholder, Candidate, or State Measure Proponent**

---

**Executed on**  
**DATE**

- [ ]  

**Signature of Controlling Officeholder, Candidate, or State Measure Proponent**

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[FPFCA Form 410 (Jan/2016)]

FPFC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Larry Stein 4 Oxnard Treasurer 2016

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
REDACTED

ADDRESS
2385 North Oxnard Blvd

CITY
Oxnard

STATE
CA

ZIP CODE
93030

4. Type of Committee Complete the applicable sections.

Controlled Committee

List the name of each controlling officerholder, candidate, or state measure proponent. If candidate or officerholder 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 officerholder 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/OFFICERHOLDER/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>
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<td>SUPPORT</td>
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