Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)
Recall TBD

□ Amendment (Explain Below)

CALIFORNIA FORM 470
Receive Oxnard City
2018 JAN-8 AM 10:39

For Official Use Only

1. Statement Covers Calendar Year 2018 .

2. Officeholder or Candidate Information

NAME OF OFFICERHOLDER OR CANDIDATE
Lawrence Stein

STREET ADDRESS
1965 Falkner Place

CITY
Oxnard

STATE
CA

ZIP CODE
93033-1901

AREA CODE/DAYTIME PHONE NUMBER
805 824-4978

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Mayor - Recall Election

JURISDICTION (LOCATION)
Oxnard, CA

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/09/2018

By ____________________________
SIGNATURE OF OFFICERHOLDER OR CANDIDATE

Clear Form Print Form