

**Officeholder and Candidate
Campaign Statement -
Short Form**

<p>Date of election if applicable: (Month, Day, Year)</p> <p>Recall TBD</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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<p>Date Stamp Receive Oxnard City</p> <p>2018 JAN -8 AM 10:39</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Lawrence Stein

STREET ADDRESS
1965 Falkner Place

CITY STATE ZIP CODE
Oxnard CA 93033-1901

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805 824-4978

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Mayor - Recall Election

JURISDICTION (LOCATION) <u>Oxnard, CA</u>	DISTRICT NUMBER (IF APPLICABLE)
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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.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

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
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form