Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) 11/06/2018

1. Statement Covers Calendar Year 2018

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Lawrence Paul Stein

   STREET ADDRESS
   1965 Falkner Place

   CITY
   Oxnard

   STATE
   CA

   ZIP CODE
   93033

   AREA CODE/DAYTIME PHONE NUMBER
   805 824-4978

   OPTIONAL: FAX / E-MAIL ADDRESS
   OxnardActivist@aol.com

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   Oxnard City Council - District 5

   JURISDICTION (LOCATION)

   DISTRICT NUMBER
   5

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.

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<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: 07/30/2018

   By: ____________________________
   SIGNATURE OF OFFICEHOLDER OR CANDIDATE