CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Stein Lawrence Paul

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
City of Oxnard
Division, Board, Department, District, if applicable
Your Position
Candidate for City Council DISTRICT 5

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: ___________________________________________ Position: ___________________________________________

2. Jurisdiction of Office (Check at least one box)
☐ State
do Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County __________________________
☐ County of __________________________
☐ City of Oxnard __________________________
☐ Other __________________________

3. Type of Statement (Check at least one box)
- or -
The period covered is ___________ / _______ / _______ through December 31, 2017.

☐ Assuming Office: Date assumed ___________ / _______ / _______

☐ Leaving Office: Date Left ___________ / _______ / _______
(Shoot one)
☐ The period covered is January 1, 2017, through the date of leaving office.
¬-or -
☐ The period covered is ___________ / _______ / _______ through the date of leaving office.

☐ Candidate: Date of Election ___________ / _______ / ______ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2
Schedules attached
☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

- or -
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1965 Falkner Place# Oxnard CA 93033

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(805) 824-4978 OxnardActivist@aol.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 07/30/2018, Signature
(month, day, year) (I am the person required to sign.
name and title appearing in accordance with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE A-2**
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

### 1. BUSINESS ENTITY OR TRUST

**AMCR FINANCIAL SERVICES**

**Name**

1965 FALKNER PLACE

**Address (Business Address Acceptable)**

Check one:

- [ ] Trust, go to 2
- [x] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**ACCOUNTING / TAX SDERVICE**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>/ / 17</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 17</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 17</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>/ / 17</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**

- [ ] Partnership
- [x] Sole Proprietorship
- [ ] Other

**YOUR BUSINESS POSITION**

### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<table>
<thead>
<tr>
<th>$0 - $499</th>
<th>$10,001 - $100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>OVER $100,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td></td>
</tr>
</tbody>
</table>

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE

None or Names listed below

### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- [ ] INVESTMENT
- [ ] REAL PROPERTY

**Name of Business Entity, if Investment, or Assessor’s Parcel Number or Street Address of Real Property**

**Description of Business Activity or City or Other Precise Location of Real Property**

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<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**

- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership

- [ ] Leasehold
  - Yrs. remaining:
  - Other

- [ ] Check box if additional schedules reporting investments or real property are attached

**Comments:**

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**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
Name

LAWRENCE STEIN

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FPCC Advice Email: advice@fpcc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov