CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS Oxnard City Clerk

Date Initial Filing Received
Official Use Only

Please type or print in ink.	type or print in ink. F FILER (LAST) (FIRST) 7018 AUG - 6 PH 2: 25 (MIDDLE)		N A AR	
Stein	Lawrence		Paul	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms) City of Oxnard				
Division, Board, Department, District, if app	licable	Your Position		
		Candidate for City Council	D15TRICT 5	
▶ If filing for multiple positions, list below	or on an attachment. (Do not use	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at I	east one box)			
State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)	
Multi-County		County of		
⊠ City of Oxnard	VISAGE 48000000000000000000000000000000000000	Other		
3. Type of Statement (Check at least	one box)			
Annual: The period covered is Janua December 31, 2017.	y 1, 2017, through	Leaving Office: Date Left (Check one)		
The period covered is December 31, 2017.	/, through	 The period covered is Janua leaving office. -or- 	ry 1, 2017, through the date of	
Assuming Office: Date assumed				
ズ Candidate: Date of Election	11. 6 / and office sought,	if different than Part 1:		
4. Schedule Summary (must con Schedules attached	nplete) ▶ Total number	of pages including this cover pa	ge:2	
Schedule A-1 - Investments – sche	dule attached	Schedule C. Income Loans & Busines	s Positions – schedule attached	
Schedule A-2 - Investments - sche	torno.	termod		
Schedule B - Real Property - sche	land 1			
-or-				
☐ None - No reportable interests	on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public L	CITY Occument)	STATE	ZIP CODE	
1965 Falkner Place	Oxnarc	I CA	93033	
DAYTIME TELEPHONE NUMBER	National Control of the Control of t	E-MAIL ADDRESS		
(805) 824-4978				
I have used all reasonable diligence in prep herein and in any attached schedules is tru	e and complete. I acknowledge	this is a public document.		
I certify under penalty of perjury under t	he laws of the State of Californ	ia that the foregoing is true and correct	t.	
Data Signal 07/30/2018	A1	made 4 11 11	1-	
Date Signed(month, day, year)	Si	gnature (File the originally signed states	ent with your filing official.)	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
Name
LAWRENCE STEIN

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST	
AMCR FINANCIAL SERVICES		
Name 1965 FALKNER PLACE	Name	
Address (Business Address Acceptable)	Address (Business Address Acceptable)	
Check one	Check one	
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS ACCOUNTING / TAX SDERVICE	GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 // 17 //17 \$10,001 - \$1,000,000 \$10,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT Partnership X Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	
\$0 - \$499	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 17 17 17 17 17 17 18 19 19 19 19 19 19 19	
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	
Leasehold Other	Leasehold Other	
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached	
Comments:	FPPC Form 700 (2017/2018) Sch. A-2	