

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified
or

Date qualified as committee

Amendment

_____/_____/_____
Date qualified as committee

Termination - See Part 5

_____/_____/_____
Date of termination

Received
Oxnard City Clerk

2018 FEB 15 PM 2:45

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers																												
<p>I.D. Number <i>(if applicable)</i></p> <p>NAME OF COMMITTEE <u>FRANCINE CASTANON FOR OXNARD CITY COUNCIL 2018</u></p> <p>STREET ADDRESS (NO P.O. BOX) <u>716 N VENTURA RD #233</u></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><u>OXNARD</u></td> <td style="width:15%;"><u>CA</u></td> <td style="width:15%;"><u>93030</u></td> <td style="width:37%;"><u>805 822 3747</u></td> </tr> <tr> <td><small>CITY</small></td> <td><small>STATE</small></td> <td><small>ZIP CODE</small></td> <td><small>AREA CODE/PHONE</small></td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT)</p> <p>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>NOTE4FRANCINE@GMAIL.COM</u></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><u>VENTURA</u></td> <td style="width:50%;"><u>OXNARD</u></td> </tr> <tr> <td><small>COUNTY OF DOMICILE</small></td> <td><small>JURISDICTION WHERE COMMITTEE IS ACTIVE</small></td> </tr> </table>	<u>OXNARD</u>	<u>CA</u>	<u>93030</u>	<u>805 822 3747</u>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>	<u>VENTURA</u>	<u>OXNARD</u>	<small>COUNTY OF DOMICILE</small>	<small>JURISDICTION WHERE COMMITTEE IS ACTIVE</small>	<p>NAME OF TREASURER <u>FRANCINE CASTANON</u></p> <p>STREET ADDRESS (NO P.O. BOX) <u>716 N VENTURA RD #233</u></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><u>OXNARD</u></td> <td style="width:15%;"><u>CA</u></td> <td style="width:15%;"><u>93030</u></td> <td style="width:37%;"><u>805 822 3747</u></td> </tr> <tr> <td><small>CITY</small></td> <td><small>STATE</small></td> <td><small>ZIP CODE</small></td> <td><small>AREA CODE/PHONE</small></td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>STREET ADDRESS (NO P.O. BOX)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td><small>CITY</small></td> <td><small>STATE</small></td> <td><small>ZIP CODE</small></td> <td><small>AREA CODE/PHONE</small></td> </tr> </table> <p>NAME OF PRINCIPAL OFFICER(S)</p> <p>STREET ADDRESS (NO P.O. BOX)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td><small>CITY</small></td> <td><small>STATE</small></td> <td><small>ZIP CODE</small></td> <td><small>AREA CODE/PHONE</small></td> </tr> </table>	<u>OXNARD</u>	<u>CA</u>	<u>93030</u>	<u>805 822 3747</u>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>
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Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2-14-18 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-14-18 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Received
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COMMITTEE NAME

FRANCINE CASTANON FOR OXNARD CITY COUNCIL 2018

2018 FEB 15 PM 2:45

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY	
			Nonpartisan	Partisan (list political party below)
FRANCINE CASTANON	OXNARD CITY COUNCILMEMBER	2018	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Clear Page

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