Statement of Organization
Recipient Committee

Statement Type  □ Initial
□ Amendment
List I.D. number: #1403204
□ Termination – See Part 5
List I.D. number: #
Date qualified as committee 03/12/2018
Date qualified as committee (If applicable) 03/12/2018
Date of Termination

1. Committee Information
NAME OF COMMITTEE
Francine Castanon for Oxnard City Council 2018
STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd. Ste 685
CITY
Long Beach
STATE
CA
ZIP CODE
90802
AREA CODE/PHONE
(213) 489-4792
MAILING ADDRESS (IF DIFFERENT)
FAX / E-MAIL ADDRESS
(213) 489-4818 / vote4francine@gmail.com
COUNTY OF DOMICILE
Ventura
JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
NAME OF TREASURER
David Gould
STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd. Ste 685
CITY
Long Beach
STATE
CA
ZIP CODE
90802
AREA CODE/PHONE
(213) 489-4792
NAME OF ASSISTANT TREASURER, IF ANY
Ingrid Orellana
STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd. Ste 685
CITY
Long Beach
STATE
CA
ZIP CODE
90802
AREA CODE/PHONE
(213) 489-4792
NAME OF PRINCIPAL OFFICER(S)
Nadia Modesto-Assistant Treasurer
STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd. Ste. 685
CITY
Long Beach
STATE
CA
ZIP CODE
90802
AREA CODE/PHONE
(213) 489-4792

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 3/12/18
DATE
By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/12/18
DATE
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPPONENT

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

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

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4. Type of Committee

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."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francine Castanon</td>
<td>City Council Member City of Oxnard: City of Oxnard</td>
<td>2018</td>
<td>☑️ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐️ Nonpartisan</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
# Statement of Organization

Recipient Committee

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Francine Castanon for Oxnard City Council 2018

### 4. Type of Committee (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- [ ] CITY Committee
- [ ] COUNTY Committee
- [ ] STATE Committee

**PROVIDE BRIEF DESCRIPTION OF ACTIVITY**

**Sponsored Committee** List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

**Small Contributor Committee**

- [ ] Date qualified

### 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.