

State of Organization  
Recipient Committee

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1403204

Statement Type  Initial  Amendment  Termination - See Part 5

Not yet qualified  
or  
 Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of termination \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
MAR 01 2018

CALIFORNIA FORM 410  
For Official Use Only  
MAR 21 AM 11:28  
Received  
Oxnard City Clerk

**1. Committee Information** I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
**FRANCINE CASTANON FOR OXNARD CITY COUNCIL 2018**

STREET ADDRESS (NO P.O. BOX)  
**716 N VENTURA RD #233**

CITY STATE ZIP CODE AREA CODE/PHONE  
**OXNARD CA 93030 805 822 3747**

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
**VOTE4FRANCINE@gmail.com**

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**VENTURA OXNARD**

NAME OF TREASURER  
**FRANCINE CASTANON**

STREET ADDRESS (NO P.O. BOX)  
**716 N VENTURA RD #233**

CITY STATE ZIP CODE AREA CODE/PHONE  
**OXNARD CA 93030 805 822 3747**

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

FRANLINE CASTANON FOR OXNARD CITY COUNCIL 2018

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY	
			CHECK ONE	
			Nonpartisan	Partisan (list political party below)
FRANLINE CASTANON	OXNARD CITY COUNCILMEMBER	2018	<input checked="" type="checkbox"/>	
			Nonpartisan	Partisan (list political party below)

**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

Clear Page

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