# Recipient Committee Campaign Statement

**Cover Page**

(Government Code Sections 84200-84216.5)

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### 1. Type of Recipient Committee:
- [X] Officeholder, Candidate
- [ ] Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall
  
  (Also Complete Part 5)
- [ ] General Purpose Committee
  
  (Also Complete Part 6)
- [ ] Primarily Formed Ballot Measure Committee
  
  (Also Complete Part 7)
- [ ] Controlled

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/2018</td>
<td>(Month, Day, Year) 05/01/2018</td>
</tr>
<tr>
<td>through 03/17/2018</td>
<td></td>
</tr>
</tbody>
</table>

### 2. Type of Statement:
- [X] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495
- [ ] Amendment (Explain below)

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### 3. Committee Information

**Committee Name (or Candidate's Name if No Committee):**

Francine Castanon for Oxnard City Council 2018

| I.D. NUMBER | 1403204 |

**Street Address (No P.O. Box):**

249 E. Ocean Blvd. Ste 685

**City:** Long Beach

**State:** CA

**Zip Code:** 90802

**Telephone:** (213) 489-4792

**Mailing Address (If Different) No. And Street or P.O. Box:**

**City:** Long Beach

**State:** CA

**Zip Code:** 90802

**Telephone:** (213) 489-4792

**Optional: Fax / E-mail Address:**

(213) 489-4818 / vote4francine@gmail.com

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### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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**

[ ] Date

**By**

[ ] Signature of Treasurer or Assistant Treasurer

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[ ] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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[ ] Signature of Controlling Officeholder, Candidate, State Measure Proponent

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[ ] Signature of Controlling Officeholder, Candidate, State Measure Proponent

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[ ] Signature of Controlling Officeholder, Candidate, State Measure Proponent

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5. Officeholder or Candidate Controlled Committee

| NAME OF OFFICEHOLDER OR CANDIDATE | Francine Castanon |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | City Council Member City of Oxnard: City of Oxnard |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | 716 N Ventura Rd. #233 |
| CITY | Oxnard |
| STATE | CA |
| ZIP | 93030 |

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

| COMMITTEE NAME |
| I.D. NUMBER |

| NAME OF TREASURER |
| CONTROLLED COMMITTEE? |
| YES | NO |

| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

| NAME OF BALLOT MEASURE |

| BALLOT NO. OR LETTER |
| JURISDICTION |
| SUPPORT | OPPOSE |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT |
| OFFICE SOUGHT OR HELD |
| DISTRICT NO. IF ANY |

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| NAME OF OFFICEHOLDER OR CANDIDATE |
| OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

| NAME OF OFFICEHOLDER OR CANDIDATE |
| OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

| NAME OF OFFICEHOLDER OR CANDIDATE |
| OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

| NAME OF OFFICEHOLDER OR CANDIDATE |
| OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

Attach continuation sheets if necessary.
### Contributions Received

1. Monetary Contributions  
   Schedule A, Line 3  
   $250.00  
   $250.00

2. Loans Received  
   Schedule B, Line 3  
   0.00  
   0.00

3. SUBTOTAL CASH CONTRIBUTIONS  
   Add Lines 1 + 2  
   $250.00  
   $250.00

4. Nonmonetary Contributions  
   Schedule C, Line 3  
   $0.00  
   0.00

5. TOTAL CONTRIBUTIONS RECEIVED  
   Add Lines 3 + 4  
   $250.00  
   $250.00

### Expenditures Made

6. Payments Made  
   Schedule E, Line 4  
   $50.00  
   $50.00

7. Loans Made  
   Schedule H, Line 3  
   $0.00  
   0.00

8. SUBTOTAL CASH PAYMENTS  
   Add Lines 6 + 7  
   $50.00  
   $50.00

9. Accrued Expenses (Unpaid Bills)  
   Schedule F, Line 3  
   $500.00  
   $500.00

10. Nonmonetary Adjustment  
    Schedule C, Line 3  
    $0.00  
    0.00

11. TOTAL EXPENDITURES MADE  
    Add Lines 8 + 9 + 10  
    $550.00  
    $550.00

### Current Cash Statement

12. Beginning Cash Balance  
    Previous Summary Page, Line 16  
    $0.00

13. Cash Receipts  
    Column A, Line 3 above  
    $250.00

14. Miscellaneous Increases to Cash  
    Schedule I, Line 4  
    $0.00

15. Cash Payments  
    Column A, Line 8 above  
    $50.00

16. ENDING CASH BALANCE  
    Add Lines 12 + 13 + 14, then subtract Line 15  
    $200.00

   If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED  
    Schedule B, Part 2  
    $0.00

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents  
    See instructions on reverse  
    $0.00

19. Outstanding Debts  
    Add Line 2 + Line 9 in Column B above  
    $500.00

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*Amounts in this section may be different from amounts reported in Column B.*
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period from 01/01/2018 through 03/17/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 4 of 6</td>
</tr>
<tr>
<td>I.D. NUMBER 1403204</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/12/2018</td>
<td>Francine Castanon 716 N Ventura Rd. #233 Oxnard, CA 93030</td>
<td>X IND</td>
<td>Business Development Consulting</td>
<td>250.00</td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>□ OTH</td>
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<td>□ PTY</td>
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<td></td>
<td></td>
<td>□ SCC</td>
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</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) ........................................... $ 250.00

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $ 0.00

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ........................................... TOTAL $ 250.00

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*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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## Schedule E

**Payments Made**

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
</tr>
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<tbody>
<tr>
<td>from 01/01/2018</td>
<td>460</td>
</tr>
<tr>
<td>through 03/17/2018</td>
<td>Page 5 of 6</td>
</tr>
<tr>
<td>I.D. NUMBER</td>
<td>1403204</td>
</tr>
</tbody>
</table>

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**

Francine Castanon for Oxnard City Council 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFD** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/spONSor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL $**

0.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 0.00

2. Unitemized payments made this period of under $100 ................................................................. $ 50.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......... $ 0.00

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........................................ TOTAL $ 50.00

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# Schedule F
## Accrued Expenses (Unpaid Bills)

**NAME OF FILER**
Francine Castanon for Oxnard City Council 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- MBR: member communications
- MTG: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- PRO: professional services (legal, accounting)
- RFT: return to sender
- RAD: radio time and production costs
- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: t.v. or cable time and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
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</thead>
<tbody>
<tr>
<td>Gould &amp; Orellana, LLC</td>
<td>PRO</td>
<td>0.00</td>
<td>250.00</td>
<td>0.00</td>
<td>250.00</td>
</tr>
<tr>
<td>249 E. Ocean Blvd. Ste. 685</td>
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<tr>
<td>Long Beach, CA 90802</td>
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<tr>
<td>Gould &amp; Orellana, LLC</td>
<td>PRO</td>
<td>0.00</td>
<td>250.00</td>
<td>0.00</td>
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</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| SUBTOTALS $ | 0.00$ | 500.00$ | 0.00$ | 500.00$ |

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)
   **INCURRED TOTALS $**
   500.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)
   **PAID TOTALS $**
   0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)
   **NET $**
   500.00

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