CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Castanon Francine 2018 AUG -2 FM 2:22

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
City of Oxnard
Division, Board, Department, District, if applicable
City Council District 6
Your Position Candidate for City Council
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Position:

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☒ City of Oxnard
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2016, through December 31, 2016.
-OR-
The period covered is __/__/_______, through December 31, 2016.
☐ Leaving Office: Date Left __/__/_______ (Check one)
-OR-
The period covered is __/__/_______, through the date of leaving office.
☐ Assuming Office: Date assumed __/__/_______
☐ Candidate: Election year __/__/_______ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4
Schedules attached
☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-OR-
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
716 N Ventura Rd #233 Oxnard CA 93030

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(805) 822-3747 vote4francine@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed __/__/_______ (month, day, year)
Signature

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
Mary Kay

ADDRESS (Business Address Acceptable)
716 N Ventura Rd #233 Oxnard CA 93030

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Skin Care Products

YOUR BUSINESS POSITION
Independant Beauty Consultant

GROSS INCOME RECEIVED
☐ No Income - Business Position Only
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary
☐ Spouse’s or registered domestic partner’s income
   (For self-employed use Schedule A-2.)
☐ Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
☐ Sale of ____________________________
   (Real property, car, boat, etc.)
☐ Loan repayment
☐ Commission or ☒ Rental Income, list each source of $10,000 or more
   % of Sales
   (Describe)
☐ Other ____________________________
   (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD
* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE % ☐ None TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property ____________________________
   Street address
   ________________
   City
☐ Guarantor ____________________________
   (Describe)
☐ Other ____________________________
   (Describe)

Comments:

FPPC Form 700 [2016/2017] Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Hueneme Chamber

ADDRESS (Business Address Acceptable)

529 W. Channel Island Blvd. Pt. Hueneme CA 93041

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Chamber of Commerce

YOUR BUSINESS POSITION

Membership Director

GROSS INCOME RECEIVED

☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary
☐ Spouse’s or registered domestic partner’s income (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)

☐ Sale of ____________________________ (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of $10,000 or more

☐ Other ____________________________ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

☐ No Income - Business Position Only

☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary
☐ Spouse’s or registered domestic partner’s income (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)

☐ Sale of ____________________________ (Real property, car, boat, etc.)

☐ Loan repayment

☒ Commission or ☐ Rental Income, list each source of $10,000 or more

☐ Other ____________________________ (Describe)

% of sales ____________________________ (Describe)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE ____________________________ % ☐ None ____________________________

TERM (Months/Years) ____________________________

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property ____________________________ Street address

☐ Guarantor ____________________________ City

☐ Other ____________________________ (Describe)

Comments: ____________________________
**SCHEDULE C**  
**Income, Loans, & Business Positions**  
(Other than Gifts and Travel Payments)

### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
</table>

**Appliance Repair Specialist**

**ADDRESS (Business Address Acceptable)**

Po Box 632 Bakersfield CA 93304

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

Appliance Repair

**YOUR BUSINESS POSITION**

Journeyman

**GROSS INCOME RECEIVED**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- Salary
- Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

- Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

- Sale of (Real property, car, boat, etc.)

- Loan repayment

- Commission or Rental Income, list each source of $10,000 or more

- Other (Describe)

### 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
</tr>
</thead>
</table>

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**HIGHEST BALANCE DURING REPORTING PERIOD**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**INTEREST RATE**


**TERM (Months/Years)**


**SECURITY FOR LOAN**

- None
- Personal residence

- Real Property (Describe)

- Guarantor (Describe)

- Other (Describe)