**Recipient Committee**
**Campaign Statement**
**Cover Page**
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 09/23/2018</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>through 10/20/2018</td>
<td>11/06/2018</td>
</tr>
</tbody>
</table>

1. **Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
   - [X] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
     (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. **Type of Statement:**
   - [X] Preelection Statement
     - [ ] Semi-annual Statement
     - [ ] Termination Statement
     (Also file a Form 410 Termination)
     - [ ] Amendment (Explain below)
     - [ ] Quarterly Statement
     - [ ] Special Odd-Year Report
     - [ ] Supplemental Preelection Statement - Attach Form 495

3. **Committee Information**
   - I.D. NUMBER: 1403204
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):
     Francine Castanon for Oxnard City Council 2018
   - STREET ADDRESS (NO P.O. BOX)
     249 E. Ocean Blvd. Ste 685
   - Mailing Address
     249 E. Ocean Blvd. Ste 685
   - CITY STATE ZIP CODE AREA CODE/PHONE
     Long Beach CA 90802 (213) 489-4792
   - NAME OF TREASURER
     David Gould
   - MAILING ADDRESS
     249 E. Ocean Blvd. Ste 685
     Long Beach CA 90802 (213) 489-4792
   - NAME OF ASSISTANT TREASURER, IF ANY
     Ingrid Oreilana
   - MAILING ADDRESS
     249 E. Ocean Blvd. Ste. 685
     Long Beach CA 90802 (213) 489-4792
   - OPTIONAL: FAX / E-MAIL ADDRESS
     (213) 489-4818 / vote4francine@gmail.com

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 10/24/18
   Executed on
   Executed on
   Executed on

   By
   Signature of Treasurer or Assistant Treasurer
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPFC Form 460 (Jan/2016)
FPFC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
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) CITY STATE ZIP
716 N Ventura Rd. #233 Oxnard CA 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 PROONENT

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 $ 2,250.00 $ 10,649.00
2. Loans Received ....................................................... Schedule B, Line 3 0.00 0.00
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $ 2,250.00 $ 10,649.00
4. Nonmonetary Contributions ...................................... Schedule C, Line 3 0.00 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..................... Add Lines 3 + 4 $ 2,250.00 $ 10,649.00

### Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $ 427.90 $ 8,517.72
7. Loans Made .............................................................. Schedule H, Line 3 0.00 0.00
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 $ 427.90 $ 8,517.72
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 2,675.83 2,675.83
10. Nonmonetary Adjustment ................................... Schedule C, Line 3 0.00 0.00
11. TOTAL EXPENDITURES MADE ................................. Add Lines 8 + 9 + 10 $ 3,103.73 $ 11,193.55

### Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $ 359.18
13. Cash Receipts .................................................. Column A, Line 3 above 2,250.00
14. Miscellaneous Increases to Cash ............................ Schedule I, Line 4 0.00
15. Cash Payments .................................................. Column A, Line 8 above 427.90
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 2,181.28

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 $ 2,675.83

### Calendar Year Summary for Candidates

<table>
<thead>
<tr>
<th>Event</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditures Made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*  
   (If Subject to Voluntary Expenditure Limit)  
   
   Date of Election (mm/dd/yyyy)  
   Total to Date

*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.

#### Statement covers period
- **from**: 09/23/2018
- **through**: 10/20/2018

#### CALIFORNIA FORM 460

**Page 4 of 7**

**I.D. NUMBER**: 1403204

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

<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>09/23/2018</td>
<td>Barry Walker 29458 Bluewater Rd. Malibu, CA 90265</td>
<td>X IND</td>
<td>Business Owner Health &amp; Wellness</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>10/04/2018</td>
<td>Fiona Ma for State Treasurer 2018 (ID# 1384474) 2244 Lone St. Sacramento, CA 95864</td>
<td>COM</td>
<td></td>
<td>750.00</td>
<td>750.00</td>
<td></td>
</tr>
<tr>
<td>10/04/2018</td>
<td>Laborers Int. Union of North America Local No. 585, AFL-CIO 21 South Dos Caminos Ave. Ventura, CA 93003</td>
<td>COM</td>
<td></td>
<td>300.00</td>
<td>1,300.00</td>
<td></td>
</tr>
<tr>
<td>10/16/2018</td>
<td>Ahoy, Inc. 3840 W Channel Islands Blvd. Oxnard, CA 93035</td>
<td>COM</td>
<td></td>
<td>200.00</td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td>10/18/2018</td>
<td>Daniel T. Beierle 4801 Churchill Powns Ct. Bakersfield, CA 93312</td>
<td>X IND</td>
<td>Business Owner Appliance Repair Specialist</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $**: 2,250.00

#### Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .................................................. $ 2,250.00
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 $ 2,250.00

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Schedule E Payments Made**

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

**Statement covers period**
from 09/23/2018
through 10/20/2018

**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
- OFC 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>
<tbody>
<tr>
<td>Gould &amp; Orellana, LLC</td>
<td>PRO</td>
<td></td>
<td>250.00</td>
</tr>
<tr>
<td>249 E. Ocean Blvd. Ste. 685 Long Beach, CA 90802</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knights of Columbus Hall</td>
<td>PRT</td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>632 South D Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

350.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 350.00
2. Unitemized payments made this period of under $100 ................................................................. $ 77.90
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 $ 427.90

---

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
www.fppc.ca.gov
## Schedule F
Accrued Expenses (Unpaid Bills)

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

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 09/23/2018</td>
<td></td>
</tr>
<tr>
<td>through 10/20/2018</td>
<td></td>
</tr>
<tr>
<td>Page 6 of 7</td>
<td>1401204</td>
</tr>
</tbody>
</table>

**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
- MER member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHD phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
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- RAD radio airtime and production costs
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- 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)

### NAME AND ADDRESS OF CREDITOR

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Western American Public Affairs, Inc.</td>
<td>CNS</td>
<td>0.00</td>
<td>500.00</td>
<td>0.00</td>
<td>500.00</td>
</tr>
<tr>
<td>342 W. Brookshire Ave. Orange, CA 92865</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Western American Public Affairs, Inc. | LIT | 0.00 | 250.00 | 0.00 | 250.00 |
| 342 W. Brookshire Ave. Orange, CA 92865 | | | | | |

| Aaron, Thomas & Associates, Inc. | LIT | 0.00 | 1,925.83 | 0.00 | 1,925.83 |
| 21344 Puercro Street Chatsworth, CA 91311 | | | | | |

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

| SUBTOTALS $ | 0.00$ | 2,675.83$ | 0.00$ | 2,675.83 |

**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 $**

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 $**

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 $**

   May be a negative number
Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 09/23/2018</td>
<td></td>
</tr>
<tr>
<td>through 10/20/2018</td>
<td></td>
</tr>
<tr>
<td>Page 7 of 7</td>
<td></td>
</tr>
</tbody>
</table>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Francine Castanon for Oxnard City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Aaron, Thomas & Associates, Inc.

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

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Post Master</td>
<td>POS</td>
<td></td>
<td>679.08</td>
</tr>
<tr>
<td>7101 S. Central Ave.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles, CA 90012</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 679.08

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.