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

SEE INSTRUCTIONS ON REVERSE

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

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)

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 (if different) No. and street or P.O. Box
     Long Beach, CA 90802, (213) 489-4792
   - CITY STATE ZIP CODE AREA CODE/PHONE
   - 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 7-1-19
   By ____________________________
   Signature of Treasurer/Assistant Treasurer

   Executed on 7-1-19
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on ______________________
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on ______________________
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

www.netfile.com
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Francine Castaneda

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
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</table>

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 PROONENT, 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
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<tbody>
<tr>
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</table>

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<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A Total This Period</th>
<th>Column B Calendar Year Total Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule A, Line 3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule B, Line 3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add Lines 1 + 2</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule C, Line 3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add Lines 3 + 4</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
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<td></td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A Total This Period</th>
<th>Column B Calendar Year Total Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule E, Line 4</td>
<td>1,108.10</td>
<td>1,108.10</td>
</tr>
<tr>
<td>6. Payments Made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule H, Line 3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add Lines 6 + 7</td>
<td>1,108.10</td>
<td>1,108.10</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule F, Line 3</td>
<td>0.00</td>
<td>1,925.83</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule C, Line 3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add Lines 8 + 9 + 10</td>
<td>1,108.10</td>
<td>3,033.93</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A Total This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>1,491.47</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>0.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>181.90</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>1,108.10</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>565.27</td>
</tr>
<tr>
<td></td>
<td>If this is a termination statement, Line 16 must be zero.</td>
</tr>
</tbody>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A Total This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>0.00</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>1,925.83</td>
</tr>
</tbody>
</table>

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A Total This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td></td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td></td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column A, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
## Schedule E
### Payments Made

Amounts may be rounded to whole dollars.

**Statement covers period**
from 01/01/2019
through 06/30/2019

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

**I.D. NUMBER**
1403204

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

- **GM** 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
- **LT** campaign literature and mailings
- **MBK** 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)

### Payments Made

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Beach, CA 90802</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gould &amp; Orellana, LLC</td>
<td>PRO</td>
<td></td>
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<td>125.00</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Long Beach, CA 90802</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$ 625.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 1,000.00
2. Unitemized payments made this period of under $100 ................................................................. $ 108.10
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 $ 1,108.10

[www.netfile.com](http://www.netfile.com)
## Schedule E (Continuation Sheet)

**Payments Made**

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.

- CWP 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
- MIG 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)

### NAME AND ADDRESS OF PAYEE

<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>125.00</td>
</tr>
<tr>
<td>249 E. Ocean Blvd. Ste. 685</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Beach, CA 90802</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gould &amp; Orellana, LLC</td>
<td>PRO</td>
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<td>125.00</td>
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<tr>
<td>249 E. Ocean Blvd. Ste. 685</td>
<td></td>
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<tr>
<td>Long Beach, CA 90802</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gould &amp; Orellana, LLC</td>
<td>PRO</td>
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<td>125.00</td>
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<tr>
<td>249 E. Ocean Blvd. Ste. 685</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Beach, CA 90802</td>
<td></td>
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</tr>
</tbody>
</table>

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

**SUBTOTAL $**

375.00

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FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
www.fppc.ca.gov

www.netfile.com
**Schedule F**

**Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

**Statement covers period**

from __________ through __________

---

Francine Castanon for Oxnard City Council 2018

I.D. NUMBER 1403204

---

**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
- CTV 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)
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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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</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 (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron, Thomas &amp; Associates, Inc. 2134 W Plerior Street Chatsworth, CA 91311</td>
<td>LIT 1,925.83</td>
<td>0.00</td>
<td>0.00</td>
<td>1,925.83</td>
<td></td>
</tr>
</tbody>
</table>

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

---

**Subtotals**

- **SUBTOTALS $** 1,925.83
- **0.00**
- **0.00**
- **1,925.83**

---

**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.)

   **INCURED TOTALS $** 0.00

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 $** 0.00

---

www.netfile.com

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

**Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

**Statement covers period**

- **from:** 01/01/2019
- **through:** 06/30/2019

**NAME OF FILER**

Francine Costanion for Oxnard City Council 2018

**I.D. NUMBER**

1403204

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name and Address of Source (If Committee, also enter I.D. Number)</th>
<th>Description of Receipt</th>
<th>Amount of Increase to Cash</th>
</tr>
</thead>
</table>
| 06/17/2019    | La Central Bakery
                600 Meta Street
                Oxnard, CA 93030
                Check never Cashed                                                  |                         | 158.00                     |

**Attach additional information on appropriately labeled continuation sheets.**

**SUBTOTAL $**

158.00

---

**Schedule I Summary**

1. Itemized increases to cash this period. .................................................. $ 158.00
2. Unitemized increases to cash of under $100 this period. .................................. $ 23.90
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ............................................... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ............................................... TOTAL $ 181.90