

**Statement of Organization
Recipient Committee**

88083224
Date Stamp
Oxnard City Clerk
2020 JUL 31 AM 10:20

CALIFORNIA FORM 410
For Official Use Only

Statement Type Initial Amendment Termination – See Part 5

Not yet qualified or Date qualification threshold met

Date qualification threshold met 03 / 12 / 2018 Date of termination 06 / 30 / 2020

1. Committee Information I.D. Number (if applicable) 1403204 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Francine Castanon for Oxnard City Council 2018

STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd. Ste 685

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802 (213)489-4792

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
vote4francine@gmail.com / (213)489-4818

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura

NAME OF TREASURER
David Gould

STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd. Ste 685

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802 (213)489-4792

NAME OF ASSISTANT TREASURER, IF ANY
Ingrid Orellana

STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd. Ste. 685

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802 (213)489-4792

NAME OF PRINCIPAL OFFICER(S)
Nadia Modesto-Assistant Treasurer

STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd. Ste. 685

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802 (213)489-4792

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 7-27-20 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/27/2020 By [Signature]
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

| | |
|--|------------------------|
| COMMITTEE NAME Francine Castanon for Oxnard City Council 2018 | I.D. NUMBER 1403204 |
|--|------------------------|

• All committees must list the financial institution where the campaign bank account is located.

| | | | |
|--|-----------------------------------|---------------------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION California Bank & Trust | AREA CODE/PHONE (844) 626-0262 | BANK ACCOUNT NUMBER Redacted | |
| ADDRESS 550 S. Hope Street Ste. 100 | CITY Los Angeles | STATE CA | ZIP CODE 90071 |

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 PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|--|---|------------------|-------------------------------------|--------------------------|------------------------------|
| | | | Nonpartisan | Partisan | |
| Francine Castanon | City Council Member City of Oxnard City of Oxnard | 2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (list political party below) |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | (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 |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Statement of Organization
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INSTRUCTIONS ON REVERSE

| |
|----------------------------|
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| Page 3 of 3 |
| I.D. NUMBER 1403204 |

COMMITTEE NAME

Francine Castanon for Oxnard City Council 2018

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer, and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.