Statement of Organization Recipient Committee

1. Committee Information
   NAME OF COMMITTEE
   Edwin Castro for City Council 2016

   STREET ADDRESS (NO P.O. BOX)
   39415 Ardenwood way Unit 364
   Lake Elsinore, CA 92532

   CITY
   Lake Elsinore

   STATE
   CA

   ZIP CODE
   92532

   AREA CODE/PHONE
   (562)449-5039

   MAILING ADDRESS (IF DIFFERENT)
   edwincastro191@gmail.com

   FAX/E-MAIL ADDRESS

   COUNTY OF DOMICILE
   Riverside County

   JURISDICTION WHERE COMMITTEE IS ACTIVE
   Lake Elsinore

   Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

   NAME OF TREASURER
   Edwin Castro

   STREET ADDRESS (NO P.O. BOX)
   39415 Ardenwood way Unit 364
   Lake Elsinore, CA 92532

   CITY
   Lake Elsinore

   STATE
   CA

   ZIP CODE
   92532

   AREA CODE/PHONE
   (562)449-5039

   NAME OF ASSISTANT TREASURER, IF ANY

   STREET ADDRESS (NO P.O. BOX)

   CITY

   STATE

   ZIP CODE

   AREA CODE/PHONE

   NAME OF PRINCIPAL OFFICER(S)
   Edwin Castro

   STREET ADDRESS (NO P.O. BOX)
   39415 Ardenwood way Unit 364
   Lake Elsinore, CA 92532

   CITY
   Lake Elsinore

   STATE
   CA

   ZIP CODE
   92532

   AREA CODE/PHONE
   (562)449-5039

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 8/19/16
   By

   Executed on 8/19/16
   By

   Executed on
   By

   Executed on
   By

   Executed on
   By

   Signature of Controlling Officeholder, Candidate, or State Measure Proponent

   Signature of Controlling Officeholder, Candidate, or State Measure Proponent

   Signature of Controlling Officeholder, Candidate, or State Measure Proponent

   Signature of Controlling Officeholder, Candidate, or State Measure Proponent

   FPPC Form 410 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
### Statement of Organization

#### Recipient Committee

**INSTRUCTIONS ON REVERSE**

- **Committee Name:** Edwin Castro for City Council 2016

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank N.A.</td>
<td>(760)940-2631</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1150 EAST VISTA WAY</td>
<td>VISTA</td>
<td>CA</td>
<td>92084</td>
</tr>
</tbody>
</table>

#### 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.”

    - If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edwin Castro</td>
<td>City Council</td>
<td>2016</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Nonpartisan</td>
</tr>
</tbody>
</table>

- **Primarily Formed Committee**

  Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
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<td></td>
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</tbody>
</table>

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