Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07/01/2016
through 09/24/2016

Date of election if applicable:
(Month, Day, Year)
11,08,2016

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)
   - Primarily Formed Ballot Measure Committee
   - Controlled
     (Also Complete Part 6)
   - Sponsored
   - Small Contributor Committee
   - Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)
   - General Purpose Committee
     (Also Complete Part 8)
   - Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Special Odd-Year Report
   - Amendment (Explain below)

3. Committee Information
   I.D. NUMBER
   1388759

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Edwin Castro for City Council 2016

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

   CITY STATE ZIP CODE AREA CODE/PHONE
   Lake Elsinore CA 92532 562-449-5039

   MAILING ADDRESS
   39415 Ardenwood Way Unit 364
   Lake Elsinore, CA 92532

   CITY STATE ZIP CODE AREA CODE/PHONE
   Lake Elsinore CA 92532 562-449-5039

   OPTIONAL: FAX/EMAIL ADDRESS
   edwincastro191@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 09/29/2016
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on 09/29/2016
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on 09/29/2016
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on 09/29/2016

   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
# Campaign Disclosure Statement

Summary Page

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL CONTRIBUTIONS RECEIVED</strong> Add Lines 3 + 4</td>
<td><strong>SUBTOTAL CASH CONTRIBUTIONS</strong> Add Lines 1 + 2</td>
</tr>
<tr>
<td><strong>$ 647.00</strong></td>
<td><strong>$ 75</strong></td>
</tr>
<tr>
<td><strong>$ 572.00</strong></td>
<td><strong>$ 572.00</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1 through 6/30</td>
<td>0</td>
</tr>
<tr>
<td>7/1 to Date</td>
<td>647.00</td>
</tr>
</tbody>
</table>

| 20. Contributions Recevied | **$ 0** |
| 21. Expenditures Made | **$ 634.00** |

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

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

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**Expenditures Made**

<table>
<thead>
<tr>
<th>Item</th>
<th>Schedule</th>
<th>Line</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>E, Line 4</td>
<td></td>
<td><strong>$ 634.00</strong></td>
</tr>
<tr>
<td>Loans Made</td>
<td>H, Line 3</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>F, Line 3</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>C, Line 3</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong> Add Lines 8 + 9 + 10</td>
<td></td>
<td><strong>$ 634.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

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**Current Cash Statement**

<table>
<thead>
<tr>
<th>Item</th>
<th>Schedule/Line</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td><strong>$ 572.00</strong></td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>A, Line 3 above</td>
<td><strong>75.00</strong></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>I, Line 4</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>A, Line 8 above</td>
<td>0</td>
</tr>
<tr>
<td><strong>ENDING CASH BALANCE</strong> Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td></td>
<td><strong>$ 647.00</strong></td>
</tr>
</tbody>
</table>

*If this is a termination statement, Line 16 must be zero.*

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**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
<td>0</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>0</td>
</tr>
</tbody>
</table>

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**I.D. NUMBER**

1388759

**NAME OF FILER**

Edwin Castro for City Council 2016

**STATEMENT COVERS PERIOD**

from 07/01/2016 to 09/24/2016

**CALIFORNIA FORM 460**

Page 1 of 1

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule A
Monetary Contributions Received

**Statement covers period**
from 07/01/2016
to 09/24/2016

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Edwin Castro for City Council 2016

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</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>
</table>
| 8/29          | Alison Venegas  
2158 Buena Creek Rd Vista CA 92084                   | ☑ IND               | Teller  
Wells Fargo                                                                               | 50.00                       | 50.00                                                |                                   |
| 8/30          | Jose Garcia  
206 Avaon Dr. Vista CA 92084                           | ☑ IND               | Personal Banker  
Wells Fargo                                                                                 | 197.00                      | 197.00                                                |                                   |
| 9/6           | Hector Del Castillo  
243 Aurora Ave San Marcos CA 92078                       | ☑ IND               | Branch Manager  
Wells Fargo                                                                                  | 375.00                      | 375.00                                                |                                   |
| 9/6           | Huriel Yanez  
39415 Ardenwood way Unit 364 Lake Elsinore             | ☑ IND               | Manager  
76 Gas Station                                                                              | 25.00                       | 25.00                                                |                                   |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .......................................................... $ 572.00

2. Amount received this period – unitemized monetary contributions of less than $100 .................. $ 75.00

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 647.00

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*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 07/01/2016 through 09/24/2016

Edwin Castro for City Council 2016

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 circulaiting
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
(IF COMMITTEE; ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>Online Purchase, Electronic payment</td>
<td>433.00</td>
</tr>
<tr>
<td>CMP</td>
<td>Online Purchase, Electronic payment</td>
<td>56.00</td>
</tr>
<tr>
<td>LIT</td>
<td>Online Purchase, Electronic payment</td>
<td>150.00</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 639.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 583.00
2. Unitemized payments made this period of under $100 $ 56.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 639.00