

**Statement of Organization  
Recipient Committee**

Statement Type     Initial     Amendment     Termination – See Part 5  
 Not yet qualified  or    List I.D. number:    List I.D. number:  
 \_\_\_\_\_    # 1388759    # \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee    Date qualified as committee    Date of Termination  
 (If applicable)

Date Stamp	<b>CALIFORNIA FORM    410</b>
For Official Use Only	

**1. Committee Information**

NAME OF COMMITTEE  
Edwin Castro for City Council 2016

---

STREET ADDRESS (NO P.O. BOX)  
39415 Ardenwood Way Unit 311

CITY <u>Lake Elsinore</u>	STATE <u>CA</u>	ZIP CODE <u>92532</u>	AREA CODE/PHONE <u>(562)449-5039</u>
------------------------------	--------------------	--------------------------	---

MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

FAX / E-MAIL ADDRESS  
edwincastro191@gmail.com

COUNTY OF DOMICILE <u>Riverside County</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Lake Elsinore</u>
---	--

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Edwin Castro

---

STREET ADDRESS (NO P.O. BOX)  
39415 Ardenwood Way Unit 311

CITY <u>Lake Elsinore</u>	STATE <u>CA</u>	ZIP CODE <u>92532</u>	AREA CODE/PHONE <u>(562)449-5039</u>
------------------------------	--------------------	--------------------------	---

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 311

CITY <u>Lake Elsinore</u>	STATE <u>CA</u>	ZIP CODE <u>92532</u>	AREA CODE/PHONE <u>(562)449-5039</u>
------------------------------	--------------------	--------------------------	---

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	<u>10/01/2016</u>	By	
	DATE		
Executed on	<u>10/01/2016</u>	By	
	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

Page 2

COMMITTEE NAME  
Edwin Castro for City Council 2016

I.D. NUMBER  
1388759

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank N.A.	AREA CODE/PHONE (760)940-2631	BANK ACCOUNT NUMBER 9187680450
ADDRESS 1150 East Vista Way	CITY VISTA	STATE ZIP CODE CA 92084

**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
EDWIN CASTRO	City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)	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"/>