Statement of Organization
Recipient Committee

Statement Type

☐ Initial
Not yet qualified ☑ or

☑ Amendment
List I.D. number:
# 1388759

☐ Termination – See Part 5
List I.D. number:
#

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

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

CITY State ZIP CODE AREA CODE/PHONE
Lake Elsinore CA 92532 (562)449-5039

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
edwincastro191@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside County Lake Elsinore

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Edwin Castro

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

CITY State ZIP CODE AREA CODE/PHONE
Lake Elsinore CA 92532 (562)449-5039

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO PO. BOX)

CITY State ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICERS
Edwin Castro

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

CITY State ZIP CODE AREA CODE/PHONE
Lake Elsinore CA 92532 (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 10/01/2016
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 10/01/2016
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Edwin Castro for City Council 2016

<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>9187680450</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
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<tbody>
<tr>
<td>1150 East Vista Way</td>
<td>VISTA</td>
<td>CA</td>
<td>92084</td>
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</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>
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<tr>
<td></td>
<td></td>
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<td>□ Nonpartisan</td>
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</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>
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FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov