Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

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)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☑ Preelection Statement
☐ Quarterly Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
☐ Addition Corrections

3. Committee Information

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

CITY
Lake Elsinore
STATE
CA
ZIP CODE
92562
AREA CODE/PHONE
562-449-5039

MAILING ADDRESS
39415 Ardenwood way Unit 364

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

Treasurer(s)

NAME OF TREASURER
Edwin Castro

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

CITY
Lake Elsinore
STATE
CA
ZIP CODE
92562
AREA CODE/PHONE
562-449-5039

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL 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 Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 09/29/2016

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

1. Monetary Contributions ........................................ $ 572.00
2. Loans Received .................................................. $ 0
3. SUBTOTAL CASH CONTRIBUTIONS ............................... $ 75.00
4. Nonmonetary Contributions ...................................... $ 0
5. TOTAL CONTRIBUTIONS RECEIVED ............................... $ 647.00

**Expenditures Made**

6. Payments Made .................................................. $ 639.00
7. Loans Made ...................................................... $ 0
8. SUBTOTAL CASH PAYMENTS ..................................... $ 0
9. Accrued Expenses (Unpaid Bills) ............................... $ 0
10. Nonmonetary Expenses .......................................... $ 0
11. TOTAL EXPENDITURES MADE ................................... $ 639.00

**Current Cash Statement**

12. Beginning Cash Balance ........................................ $ 572.00
13. Cash Receipts ................................................... $ 75.00
14. Miscellaneous Increases to Cash .............................. $ 0
15. Cash Payments .................................................. $ 639.00
16. ENDING CASH BALANCE .......................................... $ 8.00

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

20. Contributions Received .......................................... $ 0
21. Expenditures Made ................................................ $ 647.00

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yy</td>
<td>$ 0</td>
</tr>
<tr>
<td>mm/dd/yy</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

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

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ............................................. $ 0
19. Outstanding Debts ............................................. $ 0