Recipient Committee

OPTIONAL: FAX / E-MAIL ADDRES	YIIO	MAIL] N	SI	<u>o</u> o 8	ည လ		SEEIN		007 9 8 8
OPTIONAL: FAX / E-MAIL ADDRESS	STATE	STATE ZIP O CALEXICO CA 922 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	37 R CARRILLO	STREET ADDRESS (NO DO BOX)	COMMITTEE TO ELECT LUIS J CASTRO FOR IID BOARD OF DIRECTOR OF DIVISION 5	Committee Information	Uppe of Recipient Committee: All Committees Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Committee Committee Committee Committee Committee Committee Committee Controlled Controlled Controlled Controlled Complete Part 5) General Purpose Committee Comm	SEE INSTRUCTIONS ON REVERSE		Campaign Statement Cover Page
	ZIP CODE	21P CODE 92231 R.P.O. BOX			FOR IID B	-	io mittees - Co			
(manufacture)		fut			OARD OF	1.D. NUMBER 1406496	omplete Parts 1, 2, 3, and Primarily Formed Ballot Committee Controlled Controlled Sponsored (Also Complete Part 8) Primarily Formed Candle Officeholder Committee (Also Complete Part 7)	through_	Stat	
	AREA CODE/PHONE	AREA CODE/PHONE			DIRECTOR		Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	6/30/2018	Statement covers period 5/20/2018	(
	CITY	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	CALEXICO	MAILING ADDRESS 237 HERNANDEZ ST	NAME OF TREASURER JAVIER GONZALEZ	Treasurer(s)	2. Type of Statement: 2 Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	06/05/2018	Date of election if applicable: (Month, Day, Year)	
	oj:		- 8				rmination)	CISTRAR OF VOTERS	JUL 8 1 2018	Date
	STATE ZIP		STATE ZIF					VOTERS		Date Stamp
	ZIP CODE		ZIP CODE 92231	a 19 19 - 20			Quarterly Statement Special Odd-Year Re		Page	CA
	AREA CODE/PHONE		AREA CODE/PHONE				Quarterly Statement Special Odd-Year Report		e 1 of 17 For Official Use Only	CALIFORNIA 460

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the inforgation 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	Executed onDate	Executed on	7/31/2018 Date
BySignature of Controlling Officeholder, Candidate, State Measure Proportent	BySignature of Controlling Officsholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Neasure Proponent or Responsible Officer of Sponsor	By Susa Feren (Section)

Recipient Committee Campaign Statement Cover Page — Part 2

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<u>ද</u>	COVER PAGE ORNIA A
17	- PART 2
	LESSON N

STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEES	I.D. NUMBER	STATE ZID CODE ABEA CODEBUONE	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	LED COMMITTEE? 7.	COMMITTEE NAME	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive OF contributions or make expenditures on behalf of your candidacy.	N/	2187 R CARRILLO CALEXICO CA 92231	IID DIVISION 5	COPFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) BA	NAME OF OFFICEHOLDER OR CANDIDATE	6. Pi
Attach continuat	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	LUIS J CASTRO	NAME OF OFFICEHOLDER OR CANDIDATE	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	identify the controlling officeholder, candidate, or state measure proponent, if any.		BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	Primarily Formed Ballot Measure Committee
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	IID DIVISION 5	OFFICE SOUGHT OR HELD	iceholder Committee 'List n		DISTRICT NO. IF ANY	PROPONENT	ididate, or state measure propon				e Committee
	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE		ames of	entrovendelturkanismiskopsimiskipsesideres	NY		ent, If any.	OPPOSE	1000 H		

Campaign Disclosure Statement

2. Beginning Cash Balance	Expenditures Made 2567 Payments Made Schedule E, Line 4 \$ 2567 Loans Made Schedule H, Line 3 2567 Loans Made Add Lines 6+7 \$ 2567 Loans Made Add Lines 6+7 \$ 2567 Loans Made Schedule F, Line 3 2567 Loans Made Add Lines 8+9+10 \$ 2567	Contributions Received Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) Schedule A, Line 3 2567 2567 COLUMN A TOTAL CONTRIBUTIONS	Campaign Disclosure Statement Amounts may be rounded to whole dollars. Summary Page Summary Page To whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER LUIS J CASTRO
To calculate Column B, add amounts in Column B, and amounts in Column B amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	37 \$ 2567 37 \$ 2567 37 \$ 2567 37 \$ 2567	Column B CALENDAR YEAR CALENDAR YEAR 1017AL TO DATE 2567 37 \$ 2567	from
*Amounts in this section may be different from amounts reported in Column B. *FPPC Form 450 (Jan/2016)	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$	Statement covers period 5/20/2018 CALIFORNIA 460 1 6/30/2018 Page 3 of 17 1.D. NUMBER 1406496

Monetary Contributions Received Schedule A

NAME OF FILER

Amounts n to who

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dollars.	be rounded

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE **LUIS J CASTRO** through from -Statement covers period 5/20/2018 6/30/2018 1406496 Page ___ I.D. NUMBER 4 0 17

						DATE RECEIVED
						FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	SCALAND	SCC	SCC PTY HOND	DDDDD SCC SCTY I M	OSCC SCO	CONTRIBUTOR CODE *
\$UBTOTAL						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
		·				AMOUNT RECEIVED THIS PERIOD
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

Schedule A Summary

- Amount received this period itemized monetary contributions.
- (Include all Schedule A subtotals.).....\$
- 2. Amount received this period unitemized monetary contributions of less than \$100\$

IND -- Individual
COM -- Recipient Committee
(other than PTY or SCC)
OTH -- Other (e.g., business entity)
PTY -- Political Party
SCC -- Small Contributor Committee

*Contributor Codes

FPPC Advice: advice@fppc.ca.gov (~~)(275-3772) FPPC Form 460 (Jan/2016)

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

LUIS J CASTRO

Amounts may be rounded

1406496			
I.D. NUMBER			
Page5 of17	through 6/30/2018		
FORM	from 5/20/2018		
CALIFORNIA 150	Statement covers period	to whole gollars.	elvea
SCHEDULE A (CONT.)		Amounts may be rounded	

*Contributor Codes

IND -- Individual
COM -- Recipient Committee
(other than PTY or SCC)
OTH -- Other (e.g., business entity)
PTY -- Political Party
SCC -- Small Contributor Committee

Sch

Amounts may be rounded

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3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.	 Loans paid or forgiven this period(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 		1. Loans received this period	Schedule B Summary		[↑] □ IND □ COM □ OTH □ PTY □ SCC			T □ IND □ COM □ OTH □ PTY □ SCC			[↑] ☑ IND □ COM □ OTH □ PTY □ SCC		LUIS J CASTRO	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	LUIS J CASTRO	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE	Schedule B - Part 1 Loans Received
ות (Subtract Line 2 from Line 1.)NET או the Summary Page, Column A, Line 2.	00 paid or forgiven.) at are also itemized on Schedu	ns of less than \$100.)			ડા	*									IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)				
	ule A.)				SUBTOTALS \$			3				5692			(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD				to whole dollars.
					2567	S			\$			\$ 2567			AMOUNT RECEIVED THIS PERIOD				
46	\$				€9	es .	\$	☐ PAJD	er 	FORGIVEN	☐ PAID	\$	\$ FORGIVEN	PAID	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*				-h
2567 (May be a negative number)	0		2567		\$ 8259	DATE DUE	*		DATE DUE	-		DATE DUE	8259		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD			through 6/3	Statement covers period 5/20/2018
(S	70 Q Z	7		(Enter (e) on Schedule E, Line 3)	↔	45	RATE %		6	RATE %		en 	RATE		(e) INTEREST PAID THIS PERIOD			6/30/2018	t covers period 5/20/2018
SCC – Small Contri	IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party	†Contributor Codes			201	DATE INCURRED	49		DATE INCURRED	49		3/15/2018 DATE INCURRED	\$ 1405		ORIGINAL AMOUNT OF LOAN	1406496	I.D. NUMBER	Page 6	CALIFORNIA FORM
Small Contributor Committee	ndividual Recipient Committee (other than PTY or SCC) Other (e.g., business entity) Political Party					\$	PER ELECTION**	CALENDAR YEAR	49	PER ELECTION**	CALENDAR YEAR	٠	\$ 2018 PER ELECTION**	CALENDAR YEAR	(9) CUMULATIVE CONTRIBUTIONS TO DATE			of17	^{1A} 460

*Amounts forgiven or paid by another party also must be reported on Schedule A.
*** If required.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) ¥ ppc.ca.gov

Schedule B -Loan Guaran

		SCHEDULE B - PART 2
to whole dollars.	Statement covers period	CALIFORNIA 7 CO
Loan Guarantors	from 5/20/2018	FORM 100
SEE INSTRUCTIONS ON REVERSE	through 6/30/2018	Page7 of17
NAME OF FILER		I.D. NUMBER
LUIS J CASTRO		1406496

																FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	Scc	HTO COM	□ 8	Scc	Pro OH	COM	□ NB	Scc	OTH HIS	COM	□ ND	Scc	□ PTO □	COM	□ No	CONTRIBUTOR CODE
																IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
SUBTOTAL \$		DATE	LENDER		DATE		LENDER		DATE		LENDER		DATE		LENDER	LOAN
					,											AMOUNT GUARANTEED THIS PERIOD
Enter on Summary Page, Line 17 only.	\$	PER ELECTION (IF REQUIRED)	CALENDAR YEAR	S	PER ELECTION (IF REQUIRED)	\$	CALENDAR YEAR	S	PER ELECTION (IF REQUIRED)	\$6	CALENDAR YEAR	\$	(IF REQUIRED)	\$	CALENDAR YEAR	CUMULATIVE TO DATE
					1											BALANCE OUTSTANDING TO DATE

Schedule Nonmone

Schedule C	Amounts may be confued		SCHEDULE C
Nonmonetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 100
		from5/20/2018	FORM TOO
SEE INSTRUCTIONS ON REVERSE		through 6/30/2018	Page8 of17
NAME OF FILER			I.D. NUMBER
LUIS J CASTRO			1406496

Attach adc											DATE RECEIVED	LUIS J CASTRO
Attach additional information on appropriately labeled continuation sheets.											FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	ASTRO
continuation :	SCC	Mes		□ PTY □ SCC	COM	□ PTY	Подн	COM	□ PTY	COM	CONTRIBUTOR CODE *	
sheets.											IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
\$ \$UBTOTAL											DESCRIPTION OF GOODS OR SERVICES	
						and the same and t					AMOUNT/ FAIR MARKET VALUE	
			2.								CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	1406496
											PER ELECTION TO DATE (IF REQUIRED)	Ö

Schedule C Summary

ontributor Codes D - Individual D - Recipient Committee M - Recipient Committee (other than PTY or SCC) H - Other (e.g., business entity) Y - Political Party C - Small Contributor Committee FPPC Form 460 (Jan/2016)		(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$	3. Total nonmonetary contributions received this period.		OT Amount received this period - unitemized permanetary contributions of less than \$100	(Include all adientic C submais)		1. Amount received this period – itemized nonmonetary contributions.	Schedule C Summary (*c
	FPPC Form 460 (Jan/2016)		SCC - Small Contributor Committee	PTY - Political Party	OTH - Other (e.g., business entity)	(other than PTY or SCC)	COM - Recipient Committee	IND - Individual	*Contributor Codes

FPPC Form 460 (Jan/2016)

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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

LUIS J CASTRO

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		through 6/30/2018	from 5/20/2018	Statement covers period	
1406496	I.D. NUMBER	Page 9 of 17	FORM GOO	CALIFORNIA 100))

		T								DATE
	☐ Support ☐ Oppose			Support Oppose			☐ Support ☐ Oppose			NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
	Expenditure	Nonmonetary Contribution	☐ Monetary Contribution	Expenditure	Nonmonetary Contribution Independent	Monetary Contribution	Expenditure	Nonmonetary Contribution	Monetary Contribution	TYPE OF PAYMENT
\$ SUBTOTAL										DESCRIPTION (IF REQUIRED)
			,							AMOUNT THIS PERIOD
										CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
									ı.	PER ELECTION TO DATE (IF REQUIRED)

Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....\$

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

(Continuation Sheet)
Summary of Expenditu
Supporting/Opposing
Candidates, Measures Schedule D

Amounts may be rounded

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees	C S	CALIFORNIA 460
	through 6/30/2018	Page10 of17
אלאים כי דינים ל		I.D. NUMBER
LUIS J CASTRO		1406496

						Section and the section of the secti					DATE
	☐ Support ☐ Oppose	Angele se lega galanda da d	☐ Support ☐ Oppose		Support D Oppose			Support Doppose			NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
	Nonmonetary Contribution Independent Expenditure	Monetary Contribution	Independent Expenditure	Monetary Contribution	Expenditure	Nonmonetary Contribution	Monetary Contribution	Expenditure	Nonmonetary Contribution	☐ Monetary Contribution	TYPE OF PAYMENT
SUBTOTAL \$					a a						DESCRIPTION (IF REQUIRED)
											AMOUNT THIS PERIOD
											CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
											PER ELECTION TO DATE (IF REQUIRED)

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) ww opc.ca.gov

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

LUIS J CASTRO

Amounts may be rounded to whole dollars.

Statement covers period
5/20/2 6/30/
6/30/2018
CALIFORNIA FORM FORM Page 11 of 1406496
* 460

		management of the part of the
CODES: If one of the following codes accurately describes the payment, you may enter the code. 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 LTT campaign literature and mailings MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	ayment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs meetings and appearances office expenses pelition circulating phone banks phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) 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	e candidate/sponsor -mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
LUIS J CASTRO PRT	PRINT ADS	2067
LUIS J CASTRO POS	CANDIDATE FILING / BALLOT FEES	500
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	\$ SUBTOTAL	2567
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)		2567
2. Unitemized payments made this period of under \$100\$100		
	October A Line 6	2567
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	immary Page, Column A, Line 6.)	7967

Payments Made Schedule E (Continuation Sheet)

NAME OF FILER

LUIS J CASTRO

SEE INSTRUCTIONS ON REVERSE

N FN

legal defense

independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmone)

contribution (explain nonmonetary)*

civic donations

candidate filing/ballot fees

맫 MTG OFC MBR

phone banks petition circulating

professional services (legal, accounting) polling and survey research postage, delivery and messenger services

information technology costs (internet, e-mail)

voter registration

transfer between committees of the same candidate/sponsor

t.v. or cable airtime and production costs

candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

returned contributions

campaign workers' salaries

radio airtime and production costs

print ads

fundraising events

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

member communications meetings and appearances

office expenses

Amounts may be rounded to whole dollars.

Statement covers period

5/20/2018

CALIFORNIA FORM

SCHEDULE E (CONT.)

from through 6/30/2018 Page -

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
dule D.			CODE
			OR.
\$UBTOTAL			DESCRIPTION OF PAYMENT
77			AMOUNT PAID

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SCHEDULEF

Schedule F **Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

from. through Statement covers period 5/20/2018 6/30/2018 Page _ FORW ಪ ೦

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1406496 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

LUIS J CASTRO

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(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(b) AMOUNT INCURRED THIS PERIOD	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
s ne candic	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and the same candidate/sponsor transfer between committees of the same candidate/sponsor woter registration information technology costs (internet, e-mail)	Otherwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campalgn workers' salaries TEL t.v. or cable airtime and proc TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs		s the payment, you may enter the code, MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	CODES: If one of the following codes accurately describes the payment, you may enter the code. 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 LTT campaign literature and mailings MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total uniternized payments on accrued expenses under \$100.).....

PAID TOTALS \$

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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Schedule F Accrued Expenses (Unpaid Bills) (Continuation Sheet)

NAME OF FILER

LUIS J CASTRO

Amounts may be rounded to whole dollars.

from_ through Statement covers period 5/20/2018 6/30/2018 CALIFORNIA 4 1406496 Page_ I.D. NUMBER 14 ಲ್ಲ 17

SCHEDULE F (CONT.)

			NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRI	CODES: If one of the following codes accurately describes the payment, you may enter the code. CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FIND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be summarized on Schedule D.
SUBTOTALS \$			CODE OR DESCRIPTION OF PAYMENT	ayment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads ummarized on Schedule D.
\$			(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	r the code. inger services accounting)
			 (b) AMOUNT INCURRED THIS PERIOD	Otherwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and proc TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs
4			AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	describe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
40		;	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	is ne candidate/sponsor e-mail)

Payments Made by an Agent or Independent Sched 3 G

Amounts may be rounded to whole dollars.

Statement covers period 5/20/2018

from through 6/30/2018 Page 1406496 I.D. NUMBER

5

0 7

NAME OF FILER SEE INSTRUCTIONS ON REVERSE Contractor (on Behalf of This Committee) LUIS J CASTRO

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

civic donations campaign consultants contribution (explain nonmonetary)* campaign paraphernalia/misc candidate filing/ballot fees legal defense independent expenditure supporting/opposing others (explain)* fundraising events POS MIG PHO PET OFC 꽁 POL member communications office expenses polling and survey research postage, delivery and messenger services meetings and appearances professional services (legal, accounting) phone banks petition circulating 1SF 돐 百 RFD voter registration candidate travel, lodging, and meals campaign workers' salaries returned contributions radio airtime and production costs transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs

FIE

HEG ND

campaign literature and mailings

CVC CNS

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

print ads

information technology costs (internet, e-mail)

	TOTAL* \$	Attach additional information on appropriately labeled continuation sheets.
AMOUNT PAID	CODE OR DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

independent contractor as reported on Schedule E. * Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or

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Amounts may be rounded

6/30/2018		5/20/2018	tement covers period	
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16	CLVIII			
		1		SCHE
17		0		SCHEDULE H

Loans Made to Others*		to whol	to whole dollars.	-	from5/20.	5/20/2018	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE					through6/3	6/30/2018	Page16	of
NAME OF FILER							I.D. NUMBER	
LUIS J CASTRO							1406496	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN	<u> </u>	RATE		PER ELECTION*2
				*	DATE DUE	\$	DATE INCURRED	50
				PAID				CALENDAR YEAR
		2		FORGIVEN		RATE		PER ELECTION**
		\$	S	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$	\$	49	49		
						(Enter (e) on		

(Enter (e) on Schedule I, Line 3)

Schedule H Summary

	Ŋ		<u>.~</u>
(Total Column (c) plus unitemized payments of less than \$100.)	2. Payments received on loans\$\$	(Total Column (b) plus uniternized loans of less than \$100.)	1. Loans made this period\$

**If Required

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(May be a negative number)

Schedule | Miscellaneo

Schedule	Amounts may be rounded		SCHEDULE
Miscellaneous Increases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 450
		from5/20/2018	FORM
		through 6/30/2018	Page 17 of 17
NAME OF FILER			I.D. NUMBER
LUIS J CASTRO			1406496
DATE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL\$	

Schedule I Summary

- 1. Itemized increases to cash this period.\$
- 2. Unitemized increases to cash of under \$100 this period.\$
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL

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Statement of Organization		MAR 2 5 2018	Date Stamp	CALIFORNIA 410	
Statement Type Initial	☐ Amendment	IMPERIAL COUNTY BETermination + Seg Rart 5		For Official Use Only	
O Not yet qualified or Date qualified as committee	ed 02 28 2018 as committee Date qualified as committee	Date of termination			
	-/				
1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Pri	ther Principal Officers		
NAME OF COMMITTEE		NAME OF TREASURER			
		Javier Gonzalez			
		STREET ADDRESS (NO P.O. BOX)			
Committee to Elect Luis J. Castro	Committee to Elect Luis J. Castro for IID Board of Director, Division 5	237 Hernandez St.			l
STREET ADDRESS (NO P.O. BOX)		СІТУ	STATE		
2187 R. Carrillo Ct.		Calexico	CA	92231 (442) 297-3037	!
Calexico	STATE ZIP CODE AREA CODE/PHONE CA 92231 (760) 427-5410	DNE NAME OF ASSISTANT TREASURER, IF ANY			
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)]
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Castro.luisj@gmail.com		CITY	STATE	ZIP CODE AREA COBE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			ì
		STREET ADDRESS (NO P.O. BOX)			ı
Attach additional information on ap	Attach additional information on appropriately labeled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE	1 1
3. Verification I have used all reasonable diligen penalty of perjury under the laws	Verification I have used all reasonable diligence in preparing this statement and to the best of my knowledge penalty of perjury under the laws of the State of California that the foregoing is true and correct	them	ed/herein is true	ormation contained herein is true and complete. I certify under	
Executed on 2-28-2018	By		James	1	
Executed on 3-12-2018	Postro X	SNATUROF HEASUKER OR ASSISTANT HEASUKER TO DISCONTINUO GEFICHOLDER CANDIDATE OR STATE MEASURE PROPONENT.	Sr. Divisio	ons June 5th.	2018
Executed on	By				
Executed on	By Signature of	SIGNALUKE OF CONTROLLING OFFICEHOLDER, CANDIDALE, ON STATE MEASONE FROFUNERI	E.V.		
DATE	SIGNATURE OF	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PKOPUNENI		FPPC Advice: advice@fppc.ca.gov (866/275-3772)	1.8)

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FPPC Advice: advice@fppc.ca.gov (866/275-3772	Executed on D3 - U7 - 2018, Signature Hold (Candidate)
	3. Verification: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	(Mark if applicable)
and I accept the voluntary expenditure ceiling for	Amendment: O I did not exceed the expenditure ceiling in the primary or special election held on:/ and I accept the volume the general or special run-off election.
	(Check one box) I accept the voluntary expenditure ceiling for the election stated above. I do not accept the voluntary expenditure ceiling for the election stated above.
	2012 Primary/general election (Year of Election) Special/runoff election
	2. State Candidate Expenditure Limit Statement: (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)
	OFFICE JURISDICTION ☐ State (Complete Part 2.) ☐ City
NON-PARTISAN PARTY:	DISTRICT NUMBER, if applic
Castro. Cuis Jagmailico.	STATE
E-MAIL (optional)	FAX NUMBER (optional)
For Official Use Only	Check One: Phitial Amendment (Explain) MAR 0.7 2018
CALIFORNIA 501	Candidate Intention Statement RECEVED

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