Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) is changed) over the lines. Christopher Castillo for Congress 3065 Hawaii Ct ADDRESS (number and street) (Check if address is changed) West Sacramento 95691 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS johnfronefield@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00578682 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. John Fronefield Type or Print Name of Treasurer John Fronefield [Electronically Filed] 03 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission

Use

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009) Page 2
		COMMITTEE
Car		e Committee:
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Nam	o of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	didate	CHRISTOPHER CASTILLO
Cano	didate	Office State
Party	y Affiliati	on REP Sought: X House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cand	e of didate	
Par	ty Con	nmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Part
Poli	itical A	action Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	umittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	

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Write or Type Committee	Name	
Christopher	Castillo for Congress	
•	cted Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of th	e person in possession of committee
I	n Fronefield	
Full Name	3065 Hawaii Ct	
Mailing Address		
	West Sacramento CA	95691
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	530 - 574 - 0609
	ne and address (phone number optional) of the treasurer of the commit e.g., assistant treasurer).	tee; and the name and address of
Full Name John of Treasurer	Fronefield	
Mailing Address	3065 Hawaii Ct	
	West Sacramento CA	95691
Title or Position	CITY STATE	ZIP CODE 530 574 6609
	Telephone number	

FEC Form 1 (R	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telep	phone number	
safety deposit boxes or		e committee deposits funds, h	olds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds.	e committee deposits funds, h	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. 2140 Town Center Plz West Sacramento	CA 9569	11
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. 2140 Town Center Plz West Sacramento CITY		
safety deposit boxes or Name of Bank, Deposit We	r maintains funds. tory, etc. 2140 Town Center Plz West Sacramento CITY tory, etc.	CA 9569	
safety deposit boxes or Name of Bank, Deposit We	r maintains funds. tory, etc. 2140 Town Center Plz West Sacramento CITY	CA 9569	
Safety deposit boxes or Name of Bank, Deposit We Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. 2140 Town Center Plz West Sacramento CITY tory, etc.	CA 9569 STATE	
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Safety deposit boxes or Name of Bank, Deposit We Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. 2140 Town Center Plz West Sacramento CITY tory, etc.	CA 9569 STATE	