STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) MACHA MAGANA CAROLINA GALLARDO

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF OXNARD
Division, Board, Department, District, if applicable
DISTRICT 6
Your Position
CITY COUNCIL CANDIDATE

> If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: ____________________________ Position: ____________________________

2. Jurisdiction of Office (Check at least one box)

☐ State
☐ Multi-County
☐ City of OXNARD
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left __/__/______ (Check one)

☐ The period covered is __/__/______, through December 31, 2016.

☐ Assuming Office: Date assumed __/__/______

☐ Candidate: Election year 2018 and office sought, if different than Part 1:

☐ None - No reportable interests on any schedule

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 3

Schedules attached

☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
☐ Schedule A-3 - Real Property – schedule attached

☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income - Gifts – schedule attached
☐ Schedule E - Income - Gifts - Travel Payments – schedule attached

-Or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
130 CARLISLE CT. OXNARD
(Street or Business Address Recommended - Public Document)

CITY
STATE
ZIP CODE
CA 93033

E-MAIL ADDRESS
gallardocsol@yahoo.com

DAYTIME TELEPHONE NUMBER
(805) 612-4925

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed __ Aug. 8, 2018 __ (month, day, year)

Signature

(Case file originally signed statement with your filing official.)
# SCHEDULE A-2

**Investments, Income, and Assets of Business Entities/Trusts**
(Ownership Interest is 10% or Greater)

## 1. BUSINESS ENTITY OR TRUST

### SAN MARCOS CARE HOME

**Name**
622 TEAKWOOD ST., OXNARD, CA. 93033

**Address (Business Address Acceptable)**

**Check one**
- [ ] Trust, go to 2
- [x] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>Value</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>/ 16 / 16</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**

- [x] Partnership
- [ ] Sole Proprietorship
- [ ] Other

**YOUR BUSINESS POSITION**
OWNER

## 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<table>
<thead>
<tr>
<th>Income Range</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $499</td>
<td>/ 16 / 16</td>
</tr>
<tr>
<td>$500 - $1,000</td>
<td>/ 16 / 16</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td>/ 16 / 16</td>
</tr>
</tbody>
</table>

## 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE

- [ ] None
- [x] Names listed below

## 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

**Check one box:**
- [ ] INVESTMENT
- [x] REAL PROPERTY

**Name of Business Entity, If Investment, or Assessor's Parcel Number or Street Address of Real Property**

**Description of Business Activity or City or Other Precise Location of Real Property**

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>Value</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ 16 / 16</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ 16 / 16</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
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</tr>
<tr>
<td>Over $1,000,000</td>
<td>/ 16 / 16</td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**

- [x] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership

- [ ] Leasehold
- [ ] Other

- [ ] Check box if additional schedules reporting investments or real property are attached

## Comments:

I own this property

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**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

**Name**
Carolina Gallardo-Magana

**FPPC Form 700 (2016/2017) Sch. A-2**
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSessor's Parcel Number or Street Address
834 Yale Pl.
City
Oxnard, CA, 93033
Fair Market Value
$100,001 - $1,000,000
If applicable, List Date:
Acquired: 5/16, Disposed: 5/16
Nature of Interest
Yes, Deed of Trust
Leasehold
Yrs. remaining:

If Rental Property, Gross Income Received
$0 - $499
$500 - $1,000
$1,001 - $10,000

Sources of Rental Income: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

Name of Lender
Address (Business Address Acceptable)
Business Activity, if any, of Lender
Interest Rate
Term (Months/Years)

None

Highest Balance During Reporting Period
$500 - $1,000
$1,001 - $10,000
$10,001 - $100,000
Guarantor, if applicable

Comments:

FPPC Form 700 (2016/2017) Sch. B
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov