

AUG 27 2018

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Oxnard City Clerk

CALIFORNIA FORM 410

For Official Use Only

2018 AUG -8 PM 4: 47

R/AA

Statement of Organization  
Recipient Committee

Statement Type

Initial

Not yet qualified

or

Date qualified as committee

Amendment

Termination - See Part 5

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified as committee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of termination

1. Committee Information

I.D. Number  
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Carolina Gallardo-Magana for City Council 2018

NAME OF TREASURER

Carolina Gallardo-Magana

STREET ADDRESS (NO P.O. BOX)

130 Carlisle Ct,

STREET ADDRESS (NO P.O. BOX)

130 Carlisle Ct.

CITY

Oxnard

STATE

CA- 93033

ZIP CODE

AREA CODE/PHONE

805 612-4925

CITY

Oxnard

STATE

CA- 93033

ZIP CODE

AREA CODE/PHONE

805 612-4925

MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

gallardocso@yahoo.com

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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

8/8/2018

By

Carolina G. Magana

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

8/8/2018

By

Carolina G. Magana

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME

*Carolina Gallardo-Magana for City Council 2018*

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

|   |  |                     |                          |  |
|---|--|---------------------|--------------------------|--|
| NAME OF FINANCIAL INSTITUTION<br><i>Rabo Bank</i> | AREA CODE/PHONE<br><i>805 240-1440</i> | BANK ACCOUNT NUMBER |                          |  |
| ADDRESS<br><i>155 S. A St.</i>                    | CITY<br><i>Oxnard</i>                  | STATE<br><i>CA</i>  | ZIP CODE<br><i>93030</i> |  |

**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." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | CHECK ONE                           |                                       | PARTY |
|--|---|------------------|-------------------------------------|---------------------------------------|-------|
|  |   |                  | Nonpartisan                         | Partisan (list political party below) |       |
| <i>Carolina Gallardo-Magana</i>                        | <i>Oxnard City Council Dist. #6</i>                                       | <i>2018</i>      | <input checked="" type="checkbox"/> | <i>Democrat</i>                       |       |
|  |   |                  | <input type="checkbox"/>            | Partisan (list political party below) |       |

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |        |
|---|--|-----------|--------|
|   |  | SUPPORT   | OPPOSE |
|   |  |           |        |
|   |  |           |        |

Clear Page

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Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
*Carolina Gallardo-Magana for City Council 2018*

I.D. NUMBER

4. Type of Committee (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  
 CITY Committee  COUNTY Committee  STATE Committee  Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

| NAME OF SPONSOR |                | INDUSTRY GROUP OR AFFILIATION OF SPONSOR |       |          |                 |
|-----------------|----------------|--|-------|----------|-----------------|
| STREET ADDRESS  | NO. AND STREET | CITY                                     | STATE | ZIP CODE | AREA CODE/PHONE |
|                 |                |  |       |          |                 |

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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