Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☒ Termination – See Part 3

Date of termination
1/31/2019

1. Committee Information

NAME OF COMMITTEE
CAROLINA GALLARDO-MAGANA FOR CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)
130 CARLISLE CT.

CITY
OXNARD

STATE
CA

ZIP CODE
93033

AREA CODE/PHONE
805-612-4925

FPPC1410358

2. Treasurer and Other Principal Officers

NAME OF TREASURER
CAROLINA GALLARDO-MAGANA

STREET ADDRESS (NO P.O. BOX)
130 CARLISLE CT.

CITY
OXNARD

STATE
CA

ZIP CODE
93033

AREA CODE/PHONE
805-612-4925

NAME OF ASSISTANT TREASURER, IF ANY
N/A

STREET ADDRESS (NO P.O. BOX)

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 1/31/2019
By ____________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/2019
By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on __________________________
By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on __________________________
By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
CAROLINA GALLARDO-MAGANA FOR CITY COUNCIL 2018

**I.D. NUMBER**
FPPC1410358

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>RABO BANK N.A.</td>
<td>805 240-1440</td>
<td>0351840079</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>156 W. 5TH. ST.</td>
<td>OXNARD</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROLINA GALLARDO-MAGANA</td>
<td>OXNARD CITY COUNCIL</td>
<td>2018</td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(list political party below)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**CHECK ONE**

- SUPPORT
- OPPOSE

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