Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 9/23/2018
through 10/20/2018

Date of election if applicable:
(Month, Day, Year)

2019 FEB - 6 PM 3: 21

NOV. 6, 2018

1. Type of Recipient Committee:
   - All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
     (Also Complete Part 5)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored
     (Also Complete Part 6)
   - Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - ☑ Preelection Statement
   - ☐ Semi-annual Statement
   - ☐ Termination Statement
     (Also file a Form 410 Termination)
   - ☑ Amendment (Explain below)
   - CORRECTION OF SUMMARY PAGE

3. Committee Information
   - I.D. NUMBER: FPPC1410358
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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
   - MAILING ADDRESS:
     130 CARLISLE CT.
   - CITY: OXNARD
   - STATE: CA
   - ZIP CODE: 93033
   - AREA CODE/PHONE: 805 612-4925
   - SAME AS ABOVE

4. Verification
   - I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information 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 1/31/19
   Executed on 1/31/19
   Executed on ___________ Date
   Executed on ___________ Date
   Executed on ___________ Date

   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   By ____________________________
   Signature of Controlling Officierholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Campaign Disclosure Statement

**Summary Page**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>California Form 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 9/23/2018</td>
<td></td>
</tr>
<tr>
<td>through 10/20/2018</td>
<td></td>
</tr>
<tr>
<td>Page 2 of 2</td>
<td></td>
</tr>
<tr>
<td>I.D. NUMBER</td>
<td></td>
</tr>
<tr>
<td>FPPC1410358</td>
<td></td>
</tr>
</tbody>
</table>

### Contributions Received

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$125.00 (FROM ATTACHED SCHEDULES)</td>
<td>$423.00</td>
<td>1/1 through 8/30 7/1 to Date</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$2,100.00</td>
<td>$5,600.00</td>
<td>20. Contributions Received</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$2,225.00</td>
<td>$6,023.00</td>
<td>21. Expenditures Made</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$2,225.00</td>
<td>$6,023.00</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
<th>Calendar Year Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$2,043.00</td>
<td>$5,216.00</td>
<td>22. Cumulative Expenditures Made*</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0</td>
<td>$0</td>
<td>(If Subject to Voluntary Expenditure Limit)</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$2,043.00</td>
<td>$5,216.00</td>
<td></td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$2,043.00</td>
<td>$5,216.00</td>
<td></td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$625.00</td>
<td></td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$2,225.00</td>
<td></td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$2,043.00</td>
<td></td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$807.00</td>
<td></td>
</tr>
</tbody>
</table>

\[ If \text{this \ is \ a \ termination \ statement, \ Line \ 16 \ must \ be \ zero.} \]

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Cash Equivalents and Outstanding Debts</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
<td>$5,600.00</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$5,600.00</td>
</tr>
</tbody>
</table>

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*Amounts in this section may be different from amounts reported in Column B.

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