

# Recipient Committee Campaign Statement Cover Page

Received  
Oxnard City Clerk

Date Stamp

PM 3: 21

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

**Date of election if applicable:**  
(Month, Day, Year)  
2019 FEB -  
NOV. 6, 2018

SEE INSTRUCTIONS ON REVERSE

**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**
- Quarterly Statement
- Special Odd-Year Report

**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	STATE	ZIP CODE	AREA CODE/PHONE
<b>OXNARD</b>	<b>CA</b>	<b>93033</b>	<b>805 612-4925</b>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
**SAME AS ABOVE**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**CAROLINA GALLARDO-MAGANA**

MAILING ADDRESS  
**130 CARLISLE CT.**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>OXNARD, CA.</b>	<b>CA</b>	<b>93033</b>	<b>805 612-4925</b>

NAME OF ASSISTANT TREASURER, IF ANY  
**N/A**

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**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  
Date

Executed on 1/31/19  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Carolina Gallardo Magana  
Signature of Treasurer or Assistant Treasurer

By Carolina Gallardo Magana  
Signature of Controlling Officeholder, 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

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/23/2018</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/20/2018</u>	
Page <u>2</u> of <u>2</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CAROLINA GALLARDO-MAGANA

I.D. NUMBER

FPPC1410358

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 125.00	\$ 423.00
2. Loans Received..... Schedule B, Line 3	2,100.00	5,600.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	2,225.00	6,023.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	2,225.00	6,023.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$ 2,043.00	\$ 5,216.00
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	2,043.00	5,216.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	2,043.00	5,216.00

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 625.00
13. Cash Receipts..... Column A, Line 3 above	2,225.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	2,043.00
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	807.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ \_\_\_\_\_

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	5,600.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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