Recipient Committee
Campaign Statement
Cover Page

Statement covers period from _______ 10/21/2018 _______
through _______ 12/31/2018 _______

Date of election if applicable: (Month, Day, Year) 11/06/2018

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)

3. Committee Information
   I.D. NUMBER
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   CAROLINA GALLARDO-MAGANA FORM CITY COUNCIL 2018

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

   CITY STATE ZIP CODE AREA CODE/PHONE
   OXNARD CA 93033 8056124925

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

   CITY STATE ZIP CODE AREA CODE/PHONE

   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 __________ 1/31/2019 _______
   Date
   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on __________ 1/31/2019 _______
   Date
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent, or Responsible Officer of Sponsor

   Executed on __________ ________ _______
   Date
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on __________ ________ _______
   Date
   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
### 5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

CAROLINA GALLARDO-MAGANA

**OFFICE SOUGHT OR HELD** (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

OXNARD CITY COUNCIL DISTRICT 6

**RESIDENTIAL/BUSINESS ADDRESS** (NO. AND STREET)  
130 CARLISLE CT.  
OXNARD, CA. 93033

**CITY**  
Oxnard  
**STATE**  
CA  
**ZIP**  
93033

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ YES ☐ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**  

**JURISDICTION**  

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT**

**OFFICE SOUGHT OR HELD**  

**DISTRICT NO. IF ANY**

### 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ SUPPORT ☐ OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ SUPPORT ☐ OPPOSE</td>
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<tr>
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<th>OFFICE SOUGHT OR HELD</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ SUPPORT ☐ OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**
### Contributions Received

<table>
<thead>
<tr>
<th>Contributors</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$50.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$1,550.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$1,550.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$2,357.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$2,357.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$2,357.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Statement</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$807.00</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$1,550.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>0</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$2,357.00</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$2,357.00</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Statement</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>$</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$7,100.00</td>
</tr>
</tbody>
</table>
Schedule A Summary

1. Amount received this period – itemized monetary contributions. 
   (Include all Schedule A subtotals.) ................................................................. $ 0

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $ 50.00

3. Total monetary contributions received this period. 
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................................. TOTAL $ 50.00

*Contributor Codes
   IND – Individual 
   COM – Recipient Committee (other than PTY or SCC) 
   OTH – Other (e.g., business entity) 
   PTY – Political Party 
   SCC – Small Contributor Committee

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### Schedule B - Part 1

**Loans Received**

- **Name of Filer**: CAROLINA GALLARDO-MAGANA
- **Address**: 130 CARLISLE CT, OXNARD, CA. 93033

#### IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER

**Occurrence**: CHIEF MGMT. OFFR. VOC. SKILLS SVCES., 549 W. HUENEME RD. OXNARD, CA. 93033

<table>
<thead>
<tr>
<th>Column</th>
<th>Amount Received This Period</th>
<th>Amount Paid or Forgiven This Period</th>
<th>Outstanding Balance at Close of Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>$5,600.00</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td>$7,100.00</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>(b)</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td>$7,100.00</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>(c)</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td>$7,100.00</td>
<td>$3,500.00</td>
</tr>
</tbody>
</table>

#### Subtotals

- **Subtotal**: $1,500.00

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**Schedule B Summary**

1. Loans received this period
   
   (Total Column (b) plus unitemized loans of less than $100.)
   
   **$1,500.00**

2. Loans paid or forgiven this period
   
   (Total Column (c) plus loans under $100 paid or forgiven.)
   
   (Include loans paid by a third party that are also itemized on Schedule A.)
   
   **$0.00**

3. Net change this period. (Subtract Line 2 from Line 1.)
   
   **NET** $48.99

   Enter the net here and on the Summary Page, Column A, Line 2.

---

*Amounts forgiven or paid by another party also must be reported on Schedule A.

**If required.**

---

**Contributor Codes**

- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

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**Schedule E Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period from 10/21/2018 through 12/31/2018

**NAME OF FILER**

CAROLINA GALLARDO-MAGANA

**I.D. NUMBER**

FPPC1410358

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMH** campaign paraphernalia/misc.
- **CNH** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST. IMPRINT</td>
<td>LIT</td>
<td>LITERATURE</td>
<td>525.26</td>
</tr>
<tr>
<td>1321 W. GONZALES RD.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OXNARD, CA. 93033</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOSEPHIEN ARMENTA</td>
<td>SAL</td>
<td>CAMPAIGN WORKER</td>
<td>1,431.74</td>
</tr>
<tr>
<td>LATINOS BUSINESS EXPO</td>
<td>MTG</td>
<td>MEETING AND APPEARANCES</td>
<td>400.00</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL $** 2,357.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 2,357.00
2. Unitimized payments made this period of under $100 $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $ 2,357.00

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