

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Received
Oxnard City Clerk
Date Stamp
2020 JUL 22 PM 1:14

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE CAROLINA 4 SOUTH OXNARD <i>Carolina gallardo for Council 2020</i>				NAME OF TREASURER CAROLINA GALLARDO MAGANA				NAME OF TREASURER			
STREET ADDRESS (NO P.O. BOX) 130 CARLISLE CT.				STREET ADDRESS (NO P.O. BOX) 130 CARLISLE CT.				STREET ADDRESS (NO P.O. BOX)			
CITY OXNARD	STATE CA	ZIP CODE 93033	AREA CODE/PHONE 805 612-4925	CITY OXNARD	STATE CA	ZIP CODE 93033	AREA CODE/PHONE 805 612-4925	NAME OF ASSISTANT TREASURER, IF ANY N/A			
FULL MAILING ADDRESS (IF DIFFERENT) SAME AS ABOVE				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) carolinafordistrict6@gmail.com				CITY				CITY			
COUNTY OF DOMICILE VENTURA		JURISDICTION WHERE COMMITTEE IS ACTIVE OXNARD		NAME OF PRINCIPAL OFFICER(S)				NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
				CITY				CITY			

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 7/18/2020 By *Carolina Gallardo-Magana* *Carolina G. Magana*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/18/2020 By *Carolina Gallardo-Magana* *Carolina G. Magana*
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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COMMITTEE NAME CAROLINA 4 SOUTH OXNARD <i>Carolina Gallardo for Council 2020</i>	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
CAROLINA GALLARDO MAGANA	OXNARD CITY COUNCIL DISTRICT 6	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME

CAROLINA 4 SOUTH OXNARD

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

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, orponent 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.