

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
--	---	---

Date Stamp

RECEIVED

AUG 21 2020

OXNARD CITY CLERK

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information				I.D. Number <i>(if applicable)</i>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Carolina Gallardo Magana for Council 2020				NAME OF TREASURER Carolina Gallardo Magana				STREET ADDRESS (NO P.O. BOX) 130 Carlisle Ct.			
STREET ADDRESS (NO P.O. BOX) 130 Carlisle Ct.				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)				CITY Oxnard			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) carolinafordistrict6@gmail.com				STATE CA				ZIP CODE 93033		AREA CODE/PHONE 805 612-4925	
COUNTY OF DOMICILE Ventura		JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard		NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				CITY Oxnard		STATE CA		ZIP CODE 93033		AREA CODE/PHONE 805 612-4925	

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	<u>8/27/2020</u>	By	<u>Redacted</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>8/27/2020</u>	By	<u>Redacted</u>	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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Carolina Gallardo Magana for Council 2020	I.D. NUMBER
--	-------------

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

NAME OF FINANCIAL INSTITUTION TBA	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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>