## Statement of Organization

**Recipient Committee**

**Statement Type**

- [ ] Initial
- [ ] Amendment
- [x] Termination – See Part 5

**Date qualification threshold met**

<table>
<thead>
<tr>
<th>Date qualification threshold met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Date of termination**

<table>
<thead>
<tr>
<th>Date of termination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### 1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>1430953</th>
</tr>
</thead>
</table>

**NAME OF COMMITTEE**

- Carolina Gallardo Magana for Council 2020

**STREET ADDRESS (NO P.O. BOX)**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>130 Carlisle Ct.</td>
<td>CA</td>
<td>93033</td>
<td>805 612-4925</td>
</tr>
</tbody>
</table>

**FULL MAILING ADDRESS (OF DIFFERENT):**

`Same as above`

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**

`carolinagfordistrict6@gmail.com`

**CITY OF Domicile**

- Ventura, City of Oxnard

**Jurisdiction where Committee is active**

- Oxnard

Attach additional information on appropriately labeled continuation sheets.

### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**

- Carolina Gallardo Magana

**STREET ADDRESS (NO P.O. BOX)**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93033</td>
<td>805 612-4925</td>
</tr>
</tbody>
</table>

**NAME OF ASSISTANT TREASURER, IF ANY**

- None

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

- Oxnard

**STATE**

- CA

**ZIP CODE**

- 93033

**AREA CODE/PHONE**

- 805 612-4925

**NAME OF PRINCIPAL OFFICER(S)**

- None

**STREET ADDRESS (NO P.O. BOX)**

**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**

- 8/27/2020

**DATE**

**By**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**Executed on**

- 8/27/2020

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

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FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carolina Gallardo Magana for Council 2020</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
<th>[list political party below]</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROLINA GALLARDO MAGANA</td>
<td>OXNARD CITY COUNCIL DISTRICT 6</td>
<td>2020</td>
<td>Nonpartisan</td>
<td>Nonpartisan, Partisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
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</tbody>
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