**Recipient Committee**

**Campaign Statement Cover Page**

**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 Contributors 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:**

☑ Preliminary Statement

☐ Semi-annual Statement

☐ Termination Statement

(Also file a Form 410 Termination)

☐ Amendment (Explain below)

**3. Committee Information**

I.D. NUMBER 1430953

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

CAROLINA GALLARDO MAGANA FOR COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)

Redacted

CITY

Redacted

STATE

CA

ZIP CODE

93033

AREA CODE/PHONE

805 612-4925

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

Redacted

CITY

Redacted

STATE

CA

ZIP CODE

93033

AREA CODE/PHONE

805 612-4925

OPTIONAL: FAX / E-MAIL ADDRESS

carolinafordistrict6@gmail.com

**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 10/20/2020

By [Signature]

[Occupation] [Position] Of [Name]

Executed on 10/20/2020

By [Signature]

[Occupation] [Position] Of [Name]

Executed on [Date]

By [Signature]

[Occupation] [Position] Of [Name]

Executed on [Date]

By [Signature]

[Occupation] [Position] Of [Name]

Executed on [Date]

By [Signature]

[Occupation] [Position] Of [Name]

**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) CITY STATE ZIP
Redacted OXNARD CA 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.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

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.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Column A</th>
<th>Column B</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$75.00</td>
<td></td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$2,750.00</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$2,825.00</td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$2,825.00</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$3,773.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$3,773.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$3,773.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Cash Statement Type</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$1,008.46</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$2,825.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$3,773.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$60.46</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

| Cash Equivalents                                      | See instructions on reverse | $0                  |
| Outstanding Debts                                     | Add Line 2 + Line 9 in Column B above | $4,750.00          |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column C 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).

---

**Notes:**
- Amounts may be rounded to whole dollars.
- Candidate's name: CAROLINA GALLARDO MAGANA
- I.D. NUMBER: 1430953
- Form: FPPC 460 (Jan/2016)
- FPPC Advice: advice@fppc.ca.gov (866/275-3772)
- www.fppc.ca.gov
## Schedule A
Monetary Contributions Received

**Statement covers period**
from 9/20/2020 through 10/17/2020

### NAME OF FILER
CAROLINA GALLARDO MAGANA

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

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

2. Amount received this period – unitemized monetary contributions of less than $100 ............... $ 75.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ....................... TOTAL $ 75.00

---

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule B - Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 9/20/2020 through 10/17/2020

CALIFORNIA FORM 460
Page 5 of 6

NAME OF FILER
CAROLINA GALLARDO MAGANA

I.D. NUMBER
1430953

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)
CAROLINA GALLARDO MAGANA
Oxnard, CA 93033

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
(IF CELL® EMPLOYED, ENTER NAME OF BUSINESS)
BUSINESS OWNER

(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD
$ 00

(b) AMOUNT RECEIVED THIS PERIOD
$ 2,750.00

(c) AMOUNT PAID OR FORGIVEN THIS PERIOD
$ 00

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
$ 4,750.00

(e) INTEREST PAID THIS PERIOD
00%

(f) ORIGINAL AMOUNT OF LOAN
$ 2,000.00

(g) CUMULATIVE CONTRIBUTIONS TO DATE
CALCULATED YEAR
$ 4,750.00

PER ELECTION*
$ 00

PER ELECTION**

† IND  □ COM  □ OTH  □ PTY  □ SCC

SUBTOTALS
$ 2,750.00  $ 00  $ 4,750.00  $ 00

Schedule B Summary

1. Loans received this period.................................................................$ 2,750.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period.......................................................$ 00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.)....................NET $ 2,750.00
   Enter the net here and on the Summary Page, Column A, Line 2.

   (May be a negative number)

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

†Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule E Payments Made

**NAME OF FILER**

CAROLINA GALLARDO MAGANA

---

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

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

---

### Vendor List

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Address</th>
<th>Code</th>
<th>Description</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>UDESIGN</td>
<td>4103 SAVIERS RD., OXNARD, CA. 93033</td>
<td>LIT</td>
<td>FACE MASK AND CAR MAGNETS</td>
<td>$775.00</td>
</tr>
<tr>
<td>LAZER BROADCASTING</td>
<td>200 S. A ST. OXNARD, CA. 93030</td>
<td>RAD</td>
<td>RADIO AD</td>
<td>$2,998.00</td>
</tr>
</tbody>
</table>

---

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

**TOTAL $** 3,773.00

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### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... **$ 3,773.00**

2. Unitemized payments made this period of under $100 .......................................................... **$ 00**

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......................................................................................... **$ 00**

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .......................................................................................... **TOTAL $ 3,773.00**