

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp

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of the State of California

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AUG 31 2020 SEP 30 AM 9:36

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		I.D. Number <small>(if applicable)</small>		NAME OF TREASURER			
Carolina Gallardo Magana for Council 2020		1430953		Carolina Gallardo Magana			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
130 Carlisle Ct.				130 Carlisle Ct.			
CITY		STATE		CITY		STATE	
Oxnard		CA		Oxnard		CA	
ZIP CODE		AREA CODE/PHONE		ZIP CODE		AREA CODE/PHONE	
93033		805 612-4925		93033		805 612-4925	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
Same as above				none			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
carolinafordistrict6@gmail.com							
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY			
Ventura		City of Oxnard		STATE			
Attach additional information on appropriately labeled continuation sheets.				ZIP CODE			
				AREA CODE/PHONE			

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	By	Redacted	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	8/27/2020	By	Redacted	SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Carolina Gallardo Magana for Council 2020

- 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	OPPOSE