

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	____/____/____

Termination – See Part 5

Date of termination 2019 FEB -1 PM 3: 21

1 / 31 / 2019

Date Stamp
Received
Oxnard City Clerk

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number
(if applicable) FPPC1410358

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
CAROLINA GALLARDO-MAGANA FOR CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)
130 CARLISLE CT.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
OXNARD	CA	93033	805 612-4925

FULL MAILING ADDRESS (IF DIFFERENT)
SAME AS ABOVE

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

COUNTY OF DOMICILE
VENTURA

JURISDICTION WHERE COMMITTEE IS ACTIVE
OXNARD

NAME OF TREASURER
CAROLINA GALLARDO-MAGANA

STREET ADDRESS (NO P.O. BOX)
130 CARLISLE CT.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
OXNARD	CA	93033	805 612-4925

NAME OF ASSISTANT TREASURER, IF ANY
N/A

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional information on appropriately labeled continuation sheets.

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 1/31/2019 By Carolina Gallardo-Magana
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/2019 By Carolina Gallardo-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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
CAROLINA GALLARDO-MAGANA FOR CITY COUNCIL 2018

I.D. NUMBER
FPPC1410358

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

NAME OF FINANCIAL INSTITUTION RABO BANK N.A.	AREA CODE/PHONE 805 240-1440	BANK ACCOUNT NUMBER 0351840079		
ADDRESS 156 W. 5TH. ST.	CITY OXNARD	STATE CA	ZIP CODE 93030	

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		(list political party below)
			Nonpartisan	Partisan	
CAROLINA GALLARDO-MAGANA	OXNARD CITY COUNCIL	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>