

Recipient Committee Campaign Statement Cover Page

Date Stamp
Received
Oxnard City Clerk
2019 FEB -1 PM 3: 21

Statement covers period
 from 7/01/2018
 through 9/22/2018

Date of election if applicable:
 (Month, Day, Year)
NOV. 6, 2018

SEE INSTRUCTIONS ON REVERSE

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 Contributor 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:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
CORRECTION OF SUMMARY PAGE
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
FPPC1410358

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
CAROLINA GALLARDO-MAGANA

MAILING ADDRESS
130 CARLISLE CT.

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

NAME OF ASSISTANT TREASURER, IF ANY
N/A

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 1/31/19
 Date

Executed on 1/31/19
 Date

Executed on _____
 Date

Executed on _____
 Date

By *Carolina Gallardo Magana*
 Signature of Treasurer or Assistant Treasurer

By *Carolina Gallardo Magana*
 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	7/01/2018	
through	9/22/2018	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER
CAROLINA GALLARDO-MAGANA		FPPC1410358

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CAROLINA GALLARDO-MAGANA

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 298.00	\$ 298.00
2. Loans Received..... Schedule B, Line 3	\$ 3,500.00	\$ 3,500.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 3,798.00	\$ 3,798.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 3,798.00	\$ 3,798.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 3,173.00	\$ 3,173.00
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3,173.00	\$ 3,173.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3,173.00	\$ 3,173.00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts..... Column A, Line 3 above	\$ 3,798.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0
15. Cash Payments..... Column A, Line 8 above	\$ 3,173.00
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 625.00

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

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

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 3,500.00