

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

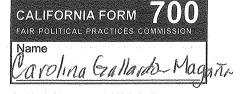
TS Received
Received
Oxnard City Clerk

Please type or print in ink.		2010	AND O DU U. U.T.
NAME OF FILER (LAST)	(FIRST)		(WIDDITE)
MAGANA	CAROLINA		GALLARDO
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) CITY OF OXNARD			
Division, Board, Department, District, if applicable		Your Position	
DISTRICT 6		CITY COUNCIL CANDIDAT	E
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use a	cronyms)	
Agency:	and the second s	Position:	
2. Jurisdiction of Office (Check at least on	ne box)		
☐ State		☐ Judge or Court Commissioner (State	ewide Jurisdiction)
Multi-County		County of	
☑ City of OXNARD		Other	
		Grant and the second of the second	
3. Type of Statement (Check at least one be	ox)		
Annual: The period covered is January 1, 20 December 31, 2016.	16, through	Leaving Office: Date Left/ (Check one)	and the second s
The period covered is	J, through	The period covered is January leaving office.	1, 2016, through the date of
Assuming Office: Date assumed		The period covered is	
Candidate: Election year 2018	and office sought, if diff	ferent than Part 1:	
4. Schedule Summary (must complete) ► Total number of	f pages including this cover page	e: 3
Schedules attached	Marka Arvina a posta	e i grandi yaan selahili eli bili yaan.	
Schedule A-1 - Investments - schedule at	tached S	i chedule C - Income, Loans, & Business I	Positions – schedule attached
Schedule A-2 - Investments - schedule at		ichedule D - Income - Gifts - schedule at	
Schedule B - Real Property - schedule at	tached S	chedule E - Income - Gifts - Travel Payr	nents - schedule attached
•Or•	dat está tempera en		
☐ None - No reportable interests on an	ny schedule	Briggs SECtion of the collect	
5. Verification	an alteria di Keri		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)		STATE	ZIP CODE
130 CARLISLE CT.	OXNARD		93033
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	
(805) 612-4925		allardocsol@yahoo.com	All des the information contains
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and or	complete. I acknowledge this	s is a public document.	viedge the information contained
I certify under penalty of perjury under the law	s of the State of California	that the foregoing is true and correct.	11/
Date Signed Aug. 8, 20	<u>l</u> Sign	ature Christmy	NAGON
(month, day, year)		(File the originally signed statement	with your ming officiall)

SCHEDULE A-2

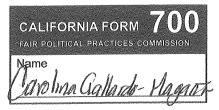
Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
SAN MARCOS CARE HOME	
Name 622 TEAKWOOD ST., OXNARD, CA. 93033	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,000	\$0 - \$1,999 \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship
OWNER AS ASSAULTED	A Margary No. 1 Common William No. 1999 Common Services (Common Services Common Services Commo
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) =
\$0 - \$499 \$\infty\$ \$10,001 - \$100,000 \$\infty\$ \$500 - \$1,000 \$\infty\$ OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
\$1,001 - \$1,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
and the control of th	to the contract of the contrac
A CONTRACTOR OF THE CONTRACTOR	
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Q22 Teakwood Ot. Ux. CA.	
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$10,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Talla His march	FPPC Form 700 (2016/2017) Sch. A-2
Comments: I Own this property	FPPC Advice Email: advice@fppc.ca.gov

SCHEDULE B Interests in Real Property (Including Rental Income)



	TOTAL CARRY WAS AN OTHER ADDRESS	
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
834 YALE PL	130 CARLISLE CT.	
CITY	CITY	
OXNARD, CA. 93033	OXNARD, CA. 93033	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / / 16 / / 16 / / 16 / / 16 / / 16 / / 16 / / / 16 / / 16	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 16 / 16 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST	
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement	
Leasehold Other	Leasehold Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	sources of Rental Income: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of busi	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:	
NAME OF LENDER*	NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)	
% None	%	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000	
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000	
	☐ Guarantor, if applicable	
Guarantor, if applicable		
Commonte:		