

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **470**

For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>6-4-13</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>	<p>Date Stamp</p> <p>2013 MAR -5 P 2:37</p>
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1. Statement Covers Calendar Year 2013.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mario R. Quintana

STREET ADDRESS

2241 Stern Ln

CITY

OXNARD

CA

STATE

93035

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

805-901-3602

OPTIONAL: FAX / E-MAIL ADDRESS

marioquintana15@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Council Member / Oxnard City Council

JURISDICTION (LOCATION)

City of Oxnard

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

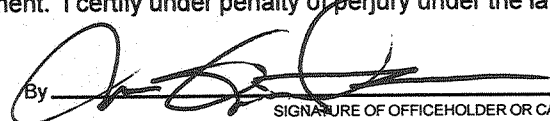
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2-17-13 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84206)

Type or print in ink.

FORM 470 SUPPLEMENT

Amendment (Explain Below)

Date Stamp

**CALIFORNIA
FORM 470
SUPPLEMENT**

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SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mario R. Quintana

STREET ADDRESS

2241 STERN LN

CITY

Oxnard

STATE

CA

ZIP CODE

93035

AREA CODE/DAYTIME PHONE NUMBER

805-901-3602

OPTIONAL: FAX / E-MAIL ADDRESS

Mario Quintana 15 @ Gmail . com

2. Office Sought

OFFICE SOUGHT

Council Member / Oxnard City Council

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

June 4th, 2013

3. Date Contributions Totalling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

(MONTH, DAY, YEAR)