Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
			For Official Use Only
Check One: Initial Amendment (Exp	olain)	No. of the territories that the	
		- 2013 MAR - 5 P 2:	3
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAI	IL (optional)
	8-51901-7602	() - M	ario Quintana 1506
Quintana, Mario, P STREET ADDRESS	CITY	STATE ZIP C	ODE
2241 Stern UN	OXNACD	DISTRICT NUMBER, if applicable	93635
office sought (Position title) AGENCY COVINCIMENSE City		DISTRICT WOMBER, if applicable	PARTY:
OFFICE JURISDICTION	of exnard		(PACE)
State (Complete Part 2.)		2013	
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	
(Year of Election) Primary/general election (Year (Check one box)	of Election) Special/runoff election	•	
, Taccept the voluntary expenditure ceiling for the el	ection stated above.		
☐ I do not accept the voluntary expenditure ceiling for	or the election stated above.	•	
Amendment: O I did not exceed the expenditure ceiling in the	wines a special election hold on:	and I accept the val	untary expenditure calling for
the general or special run-off election.	e primary or special election field on.	and I accept the von	untary experience coming to
(Mark if applicable)			
On/, I contributed personal funds	in excess of the expenditure ceiling for the	election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of	f the State of California that the foregoing	g is true and correct.	
0.17.13			
Executed on, s	Signature (Candidate)		
(month, day, year)	(Candidate)	FPPC Toll-Free	FPPC Form 501 (April/2011) Helpline: 866/ASK-FPPC (866/275-3772)

CANDIDATE INTENTION STATEMENT