1. Statement Covers Calendar Year 2014

2. 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

3. Office Sought or Held

   OFFICE SOUGHT OR HELD: Mayor of Oxnard
   JURISDICTION (LOCATION): 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

   /A None

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 8/4/14

   By

   SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2008)
FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)
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