

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: Initial Amendment (Explain) _____

Date Stamp
Rd. 8/6/14
5:45 PM

CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Quintana, Mario, R. DAYTIME TELEPHONE NUMBER (805) 901-3602 FAX NUMBER (optional) () E-MAIL (optional) Mario.Quintana15@gmail.com
STREET ADDRESS 2241 Stern Ln CITY OXNARD STATE CA ZIP CODE 93035
OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME City of Oxnard DISTRICT NUMBER, if applicable. NON-PARTISAN
OFFICE JURISDICTION
 State (Complete Part 2.) City County Multi-County: OXNARD (Name of Multi-County Jurisdiction) 2014 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff election**

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(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 the State of California that the foregoing is true and correct.

Executed on 8/4/14
(month, day, year)

Signature [Handwritten Signature]
(Candidate)