Candidate Intention Statement

Check One: ☐ Initial  □ Amendment (Explain) ________________________________

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Quintana, Mario, R.

STREET ADDRESS 2241 Stern Ln

CITY Oxnard

STATE CA ZIP CODE 93035

OFFICE SOUGHT (POSITION TITLE) Mayor

AGENCY NAME City of Oxnard

PARTY: Non-Partisan

DAYTIME TELEPHONE NUMBER (805) 901-3602

FAX NUMBER (optional) __________________________

E-MAIL (optional) Mario.Quintana.KES@gmail.com

OFFICE JURISDICTION

☐ State (Complete Part 2.) O City ☐ County ☐ Multi-County: Oxnard (Name of Multi-County Jurisdiction)

DISTRICT NUMBER, if applicable: 2014 (Year of Election)

2. State Candidate Expenditure Limit Statement:

Primary/general election  Special/runoff election

(Year of Election) (Year of Election)

☐ 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 __________________________

(Candidate)

FPPC Form 501 (April/2011)  FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)