1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 1357106
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
     Committee to elect Mario R. Quintana for Oxnard City Council 2013
   - STREET ADDRESS (NO P.O. BOX):
     2241 Stern Ln
   - CITY: Oxnard
   - STATE: CA
   - ZIP CODE: 93035
   - AREA CODE/PHONE: (805)901-3602

   - Mailing Address: 2241 Stern Ln
     Oxnard, CA 93035
     (805)901-3602

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
   - Executed on 4/25/13
   - By
     Signature of Treasurer or Assistant Treasurer
   - Executed on 4/25/13
     By
     Signature of Controlling Officeholder/Candidate, State Measure Proponent or Responsible Officer of Sponsor
   - Executed on
     By
     Signature of Controlling Officeholder/Candidate, State Measure Proponent
   - Executed on
     By
     Signature of Controlling Officeholder/Candidate, State Measure Proponent

   FPPC Form 460 (January/05)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
   State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Oxnard City Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mario R. Quintana</td>
<td>2241 Stern Ln</td>
</tr>
</tbody>
</table>

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP**

- **RESIDENTIAL/BUSINESS ADDRESS**: (NO. AND STREET)
- **CITY**: Oxnard
- **STATE**: California
- **ZIP**: 93030

---

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

**COMMITTEE NAME**

**I.D. NUMBER**

**NAME OF TREASURER**

**CONTROLLED COMMITTEE?**

**COMMITTEE ADDRESS**

**STREET ADDRESS (NO. P.O. BOX)**

---

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
</table>

**BALLOT NO. OR LETTER | JURISDICTION**

**☐ SUPPORT | ☐ OPPOSE**

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
</tr>
</thead>
</table>

**OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY**

---

7. Primarily Formed Candidate/Officeholder Committee

**List names of officeholder(s) or candidate(s) for which this committee is primarily formed.**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>☐ SUPPORT</th>
<th>☐ OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>☐ SUPPORT</td>
<td>☐ OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>☐ SUPPORT</td>
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<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>☐ SUPPORT</td>
<td>☐ OPPOSE</td>
</tr>
</tbody>
</table>

---

**Attach continuation sheets if necessary**

---

**FPSC Form 460 (January/05)**

**FPSC Toll-Free Helpline: 888/ASK-FPSC (888/275-3772)**

**State of California**
## Contributions Received

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

## Current Cash Statement

- **Beginning Cash Balance**: $0
- **Cash Receipts**: $50.00
- **Miscellaneous Increases to Cash**: $0
- **Cash Payments**: $0
- **ENDING CASH BALANCE**: $50.00

*If this is a termination statement, Line 16 must be zero.*

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- **Contributions Received**: $__________
- **Expenditures Made**: $__________

## Expenditure Limit Summary for State Candidates

- **Cumulative Expenditures Made**
  - Date of Election: __________/________/________
  - Total to Date: $__________

*Amounts in this section may be different from amounts reported in Column B.*
## Schedule A
### Monetary Contributions Received

**Type or print in ink. Amounts may be rounded to whole dollars.**

**Statement covers period from 1/1/2013 through 4/20/2013**

### SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

1357106

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE*</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/31/13</td>
<td>Maria C. Ramirez</td>
<td>IND</td>
<td>Attorney Law Offices of M. Carmen Ramirez</td>
<td>50.00</td>
<td>50.00</td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .............................................................. $ 50.00

2. Amount received this period – unitemized monetary contributions of less than $100 .................................................. $ 50.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................................. TOTAL $ 50.00

*Contributor Codes

- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

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