Officeholder and Candidate
Campaign Statement -
Short Form

1. Statement Covers Calendar Year 20
   18

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Mario R. Quintana

   STREET ADDRESS
   1915 N K St #29

   CITY
   Oxnard

   STATE
   CA

   ZIP CODE
   93036

   AREA CODE/DAYTIME PHONE NUMBER
   805 901 3602

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   Mayor of Oxnard

   JURISDICTION (LOCATION)
   City of 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

5. Verification

   I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 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 8/8/18

   By [Signature]

   SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form  Print Form

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov