

Officeholder and Candidate
Campaign Statement -
Short Form

| | | | |
|--|---|--|---|
| Date of election if applicable: (Month, Day, Year) <u>8/8/18</u> | <input type="checkbox"/> Amendment (Explain Below) <u>2018</u> _____ _____ | Received Date Stamp Oxnard City Clerk <u>2018 AUG -8 PM 5:21</u> | CALIFORNIA FORM 470 For Official Use Only |
|--|---|--|---|

1. Statement Covers Calendar Year 20 18.

| | |
|--|---|
| 2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE <u>Mario R. Quintana</u> STREET ADDRESS <u>1915 N H St #29</u> CITY STATE ZIP CODE <u>OXNARD CA 93036</u> AREA CODE/DAYTIME PHONE NUMBER <u>805 901 3602</u> OPTIONAL: FAX / E-MAIL ADDRESS | 3. Office Sought or Held OFFICE SOUGHT OR HELD <u>MAYOR OF OXNARD</u> JURISDICTION (LOCATION) <u>CITY OF OXNARD</u> 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 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form