CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
(LAST) Quintana
(FIRST) Mario
(MIDDLE)

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
CITY OF OXNARD
Division, Board, Department, District, if applicable
CITY COUNCIL
Your Position Mayor Candidate

Agency: Position:

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☐ City of OXNARD, CA
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left [ ]/ [ ]/ [ ]
☐ or-
☐ The period covered is [ ]/ [ ]/ [ ] through December 31, 2017.
☐ The period covered is [ ]/ [ ]/ [ ], through
☐ Assuming Office: Date assumed [ ]/ [ ]/ [ ] the date of leaving office.
☐ Candidate: Date of Election 11/06/18 and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page:
Schedules attached
☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
STREET 2241 Sternin OXNARD CA 93035
CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER (805) 901-3402
E-MAIL ADDRESS
Mario.Quintana215@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 8/8/19
(month, day, year)
Signature

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov