

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) SMITH-COSTELLO (FIRST) QUENTON (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of East Palo Alto

Division, Board, Department, District, if applicable

Your Position

City Council Member

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of EAST PALO ALTO

Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2021, through December 31, 2021.

Leaving Office: Date Left (Check one circle.)

-or-

The period covered is through December 31, 2021.

The period covered is January 1, 2021, through the date of leaving office.

-or-

Assuming Office: Date assumed

The period covered is through the date of leaving office.

Candidate: Date of Election Nov 8, 2022 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 C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)

EMAIL ADDRESS

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 8/17/2022 (month, day, year)

Signature (your filing official)

Print

Clear

**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
QUENTON SMITHCOSTELLO

STREET ADDRESS
[REDACTED]

CITY
E. PALO ALTO STATE
CA ZIP CODE
94303

AREA CODE/DAYTIME PHONE NUMBER
[REDACTED]

OPTIONAL E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCIL MEMBER

JURISDICTION (EDUCATION)
E. PALO ALTO

DISTRICT NUMBER (IF APPLICABLE)
[REDACTED]

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 8/17/2022 DATE

OFFICEHOLDER OR CANDIDATE
[REDACTED]

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
SMITH-COSTELLO, QUENTON	[REDACTED]	()	[REDACTED]
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	E. PALO ALTO	CA	94303
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
CITY COUNCIL MEMBER	CITY OF EAST PALO ALTO		PARTY PREFERENCE: DEM
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2.)	<input type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	<input type="checkbox"/> SPECIAL / RUNOFF		
	(Name of Multi-County Jurisdiction)	(Year of Election)	

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

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 8/17/2022 _____
(month, day, year)