

**Statement of Organization  
Recipient Committee**

1348448

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number:

Termination - See Part 5  
List I.D. number:

56

Date qualified as committee

Date qualified as committee  
(If applicable)

Date of Termination

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

Date Stamp

JUL 03 2012

DEBRA BOWEN  
Secretary of State

CALIFORNIA  
FORM 410

For Official Use Only

JUL 19 A 11:54

**1. Committee Information**

NAME OF COMMITTEE

DICK JAQUEZ For Council  
2012

STREET ADDRESS (NO P.O. BOX)

1300 Rachel Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD Ca 93030 (805) 758-4533

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

info@dickjaquez.com

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

ROBERT S. CRIPPS

STREET ADDRESS (NO P.O. BOX)

1301 Rachel Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD Ca 93030 (805) 824-4704

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 6/28/12  
DATE

Executed on 6/28/12  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**CALIFORNIA 410  
FORM**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

*DICK JAQUEZ For Council 2012*

I.D. NUMBER

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<i>DICK JAQUEZ</i>	<i>CITY COUNCIL</i>	<i>2012</i>	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
<i>Rabobank N.A.</i>	<i>805-240-1440</i>	<i>9623323491</i>	
ADDRESS	CITY	STATE	ZIP CODE
<i>155 SOUTH A ST</i>	<i>OXNARD</i>	<i>Ca</i>	<i>93050</i>

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE