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Statement of Organization Recipient Committee

Type or print in ink

Statement Type [X] Initial Not yet qualified [X] or

[] Amendment List I.D. number:

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

Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

Date Stamp: OXNARD CITY CLERK 2014 AUG 28 P 1:00

CALIFORNIA FORM 410 FILED in the office of the Secretary of State of the State of California AUG 06 2014

1. Committee Information

NAME OF COMMITTEE

DICK JAQUEZ 4 Council 2014

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 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Ventura, Ca OXNARD, Ca

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Pamela K. Jaquez

STREET ADDRESS (NO P.O. BOX)

1300 Rachel Dr. 805-701-7480

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD Ca 93030 805-701-7480

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 8/4/2014

Executed on 8/7/2014

Executed on

Executed on

By Pamela K. Jaquez SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Richard D. Jaquez SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

DICK JAQUEZ 4 Council 2014

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
DICK JAQUEZ	CITY COUNCIL	2014	<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
RABO BANK	805-240-1440	135104427
ADDRESS	CITY	STATE
155 SOUTH A ST	OKLAHOMA	CA
		ZIP CODE
		93030

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