

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|---|---|---|--|---|
| NAME OF FILER <i>DICK JAQUEZ 4 Council</i> | | Date of This Filing <i>9/13/14</i> | CITY OF OXNARD CITY CLERK Date Stamp 2014 SEP 15 P 1:28 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER <i>805-258-4533</i> | I.D. NUMBER (if applicable) <i>1369197</i> | Report No. <i>1</i> | | |
| STREET ADDRESS <i>1300 Rachel Dr. Ca 93030</i> | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY <i>OXNARD, CA</i> | STATE <i>CA</i> | ZIP CODE <i>93030</i> | No. of Pages <i>2</i> | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|---|---|---|--|
| <i>9/13/14</i> | <i>JAIME JAQUEZ 760 LAS POSAS Rd STE B, Camarillo, Ca 93010</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>GOLD COAST medical supply</i> | <i>1,000⁰⁰</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee