

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

|               |                               |            |
|---------------|-------------------------------|------------|
| Date Stamp    | CALIFORNIA<br>2001/02<br>FORM | <b>460</b> |
| CITY<br>CITY  | Page <u>1</u> of <u>10</u>    |            |
| 2014 OCT -3 F | For Official Use Only         |            |

|   |   |
|---|---|
| Statement covers period<br>from <u>7/1/14</u><br>through <u>9/30/14</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11/4/14</u> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement                                     |
| <input type="checkbox"/> Semi-annual Statement            | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

I.D. NUMBER 1369197

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

DICK JAQUEZ 4 Council

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) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Pamela K. Jaquez

MAILING ADDRESS

1300 Rachel Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD Ca 93030 805-758-4533

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/3/14

Date

By [Signature]

Signature of Treasurer or Assistant Treasurer

Executed on 10/3/14

Date

By [Signature]

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

|                    |          |              |
|--------------------|----------|--------------|
| CALIFORNIA<br>FORM |          | <b>460</b>   |
| Page               | <u>2</u> | of <u>10</u> |

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
DICK JAQUEZ

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1350 Rachel Dr. Oxnard, Ca 93030

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

|   |  |                               |
|---|--|-------------------------------|
| Statement covers period<br>from <u>7/1/14</u><br>through <u>9/30/14</u> |  | CALIFORNIA<br>FORM <b>460</b> |
|   |  | Page <u>3</u> of <u>10</u>    |
| NAME OF FILER<br><u>DICK JAQUEZ</u>                                     |  | I.D. NUMBER<br><u>1399197</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>4318.00</u>  | \$ <u>4318.00</u>                          |
| 2. Loans Received ..... Schedule B, Line 3            | \$ <u>0</u>  | \$ <u>0</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>4318.00</u>  | \$ <u>4318.00</u>                          |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | \$ <u>0</u>  | \$ <u>0</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>4318.00</u>  | \$ <u>4318.00</u>                          |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>3308.00</u>  | \$ <u>3308.00</u>                          |
| 7. Loans Made ..... Schedule H, Line 3                      | \$ <u>0</u>  | \$ <u>0</u>                                |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>3308.00</u>  | \$ <u>3308.00</u>                          |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | \$ <u>0</u>  | \$ <u>0</u>                                |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | \$ <u>0</u>  | \$ <u>0</u>                                |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>3308.00</u>  | \$ <u>3308.00</u>                          |

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                   |
|---|-------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>0</u>       |
| 13. Cash Receipts ..... Column A, Line 3 above                              | \$ <u>4318.00</u> |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | \$ <u>0</u>       |
| 15. Cash Payments ..... Column A, Line 8 above                              | \$ <u>3308.00</u> |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>1009.00</u> |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

|   |             |
|---|-------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0</u> |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period<br>from <u>7/1/14</u><br>through <u>9/30/14</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>4</u> of <u>10</u>  |  |                                |
| NAME OF FILER<br><u>DICK JAQUEZ</u>                                     |  | I.D. NUMBER<br><u>1399197</u>  |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 3250
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 1068.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 3250.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|                         |                        |                               |
|-------------------------|------------------------|-------------------------------|
| Statement covers period |                        | CALIFORNIA<br>FORM <b>460</b> |
| from <u>7/1/14</u>      | through <u>8/30/14</u> |                               |
|                         |                        | Page <u>5</u> of <u>10</u>    |
| NAME OF FILER           |                        | I.D. NUMBER<br><u>1399197</u> |

DICK JAQUEZ

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/10/14            | Bob Seale<br>821 IVYWOOD DR<br>OXNARD, Ca 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | DBA<br>Robert Seale<br>Sunday Sales  | 300 <sup>00</sup>           | 300 <sup>00</sup>                                   | 300 <sup>00</sup>                  |
| 9/16/14            | RALPH AND PAT Sanchez<br>535 Cawnwood WY<br>OXNARD, Ca 93030                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 200 <sup>00</sup>           | 200 <sup>00</sup>                                   | 200 <sup>00</sup>                  |
| 9/5/14             | Jaime + Angie Jaquez<br>4848 Pescanso<br>Camarillo, Ca 93012                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | GoLi Coast<br>med supply<br>746 Los Vosas<br>Coun, 93010                                   | 1000 <sup>00</sup>          | 1000 <sup>00</sup>                                  | 1000 <sup>00</sup>                 |
| 9/15/14            | Mr + Mrs Tom Cody<br>3102 BROOKWOOD LN<br>OXNARD, Ca 93036                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | TK Enterprises   | 200 <sup>00</sup>           | 200 <sup>00</sup>                                   | 200 <sup>00</sup>                  |
| 9/14/14            | Dr Neumeister<br>5751 Terra Bella Ct<br>Camarillo, Ca 93010                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Vista Pacific<br>1801 SOLARON<br>OXNARD, Ca 93030  | 100 <sup>00</sup>           | 100 <sup>00</sup>                                   | 100 <sup>00</sup>                  |
| <b>SUBTOTAL \$</b> |  |   |  | <u>1800<sup>00</sup></u>    |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|                         |         |                               |
|-------------------------|---------|-------------------------------|
| Statement covers period |         | CALIFORNIA<br>FORM <b>460</b> |
| from                    | 7/1/14  |                               |
| through                 | 9/30/14 | Page <u>6</u> of <u>10</u>    |
| NAME OF FILER           |         | I.D. NUMBER<br><u>1399197</u> |

DICK JARQUEZ

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 9/16/14       | Denny Cherini<br>219 N. F ST<br>OXNARD, CA 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED   | 200 <sup>00</sup>           | 200 <sup>00</sup>                                   | 200 <sup>00</sup>                  |
| 9/17/14       | Tim Combs<br>1531 Gina Dr.<br>OXNARD, Ca 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED   | 75 <sup>00</sup>            | 75 <sup>00</sup>                                    | 75 <sup>00</sup>                   |
| 9/18/14       | TEARL + PAT TICKETT<br>1934 Abbott<br>Camatillo, Ca   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED   | 100 <sup>00</sup>           | 100 <sup>00</sup>                                   | 100 <sup>00</sup>                  |
| 9/18/14       | Roy Nisamori<br>4444 Navalgite<br>OXNARD, Ca 93035  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | SAN MIGUEL<br>4444 Naval-<br>gite Rd<br>OXNARD 93035  | 100 <sup>00</sup>           | 100 <sup>00</sup>                                   | 100 <sup>00</sup>                  |
| 9/18/14       | ZERET Gloria J 9902<br>1987 Klamath Dr.<br>Camatillo, Ca 93010                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED   | 200 <sup>00</sup>           | 200 <sup>00</sup>                                   | 200 <sup>00</sup>                  |
| SUBTOTAL \$   |   |   |   | 675 <sup>00</sup>           |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|                                     |                        |                               |
|-------------------------------------|------------------------|-------------------------------|
| Statement covers period             |                        | CALIFORNIA<br>FORM <b>460</b> |
| from <u>7/1/14</u>                  | through <u>9/30/14</u> |                               |
|                                     |                        | Page <u>7</u> of <u>10</u>    |
| NAME OF FILER<br><u>DICK JAGUEZ</u> |                        | I.D. NUMBER<br><u>1399197</u> |

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/18/14            | MIKE LINNETT<br>2753 EAST BOWIE ST<br>SCOTTSDALE, ARIZ 85258                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | 100 <sup>00</sup>  | 100 <sup>00</sup>           | 100 <sup>00</sup>                                   | 100 <sup>00</sup>                  |
| 9/20/14            | WAYNE EDMUNDS +<br>CYNTHIA<br>3553 Canoga Pl<br>Camarillo, Ca 93010                          | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 100 <sup>00</sup>           | 100 <sup>00</sup>                                   | 100 <sup>00</sup>                  |
| 9/24/14            | Dr Lemler<br>1259 W. GONZALES RD<br>OXNARD, Ca 93030   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lemler/Chiro   | 100 <sup>00</sup>           | 100 <sup>00</sup>                                   | 100 <sup>00</sup>                  |
| 9/24/14            | JOHN + NANCY Borchard<br>2800 Berylwood Rd<br>SOMIS, Ca 93066                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Borchard Farms<br>2800 Berylwood<br>SOMIS Ca<br>93066                                      | 250 <sup>00</sup>           | 250 <sup>00</sup>                                   | 250 <sup>00</sup>                  |
| 9/24/14            | Les Rob EVANS<br>2120 Platform PL<br>OXNARD, Ca 93035  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 300 <sup>00</sup>           | 300 <sup>00</sup>                                   | 300 <sup>00</sup>                  |
| <b>SUBTOTAL \$</b> |  |   |  | <b>850<sup>00</sup></b>     |   |                                    |

\*Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule C**  
**Nonmonetary Contributions Received**

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

SCHEDULE C

|   |   |
|---|---|
| Statement covers period<br>from <u>7/1/2014</u><br>through <u>9/30/14</u> | <b>CALIFORNIA</b><br><b>FORM</b> <b>460</b> |
|   | Page <u>5</u> of <u>10</u>                  |
| I.D. NUMBER<br><u>1399197</u>   |   |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

DICK JARNEZ

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  |  |  |                                  | <b>SUBTOTAL \$</b>        |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee



**Schedule E  
Payments Made**

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

SCHEDULE E

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>7/1/14</u><br>through <u>9/30/14</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>9</u> of <u>10</u>  | I.D. NUMBER<br><u>1369197</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DICK JAQUEZ

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHD phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)           | CODE OR    | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|------------|-------------------------|-------------|
| <u>I PRINT ON DEMAND<br/>3401 W. 5th ST<br/>OXNARD, CA 93030</u>              | <u>LIT</u> | <u>Sign + Flyers</u>    | <u>1000</u> |
| <u>Ventura Co ELECTIONS OFFICE<br/>800 VICTORIA AVE<br/>Ventura, CA 93009</u> | <u>FIL</u> | <u>Absentee Ballots</u> | <u>96</u>   |
| <u>UPS<br/>716 N. Ventura Rd<br/>OXNARD, CA 93009</u>                         | <u>POS</u> | <u>Postage</u>          | <u>76</u>   |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1172

**Schedule E Summary**

|  |                 |             |
|--|-----------------|-------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$ <u>222</u>   | <u>3086</u> |
| 2. Unitemized payments made this period of under \$100 .....   | \$ <u>222</u>   |             |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              |             |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | <u>3308</u> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

|                         |         |                               |
|-------------------------|---------|-------------------------------|
| Statement covers period |         | CALIFORNIA<br>FORM <b>460</b> |
| from                    | 7/1/14  |                               |
| through                 | 9/30/14 | Page <u>10</u> of <u>10</u>   |
| NAME OF FILER           |         | I.D. NUMBER                   |
| DICK JAQUEZ             |         | 1369197                       |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Ventura Co. STAR<br>550 Camarillo Center Dr.<br>Camarillo, Ca 93010 | PRT     | Paper Ad               | 148         |
| CITY OF OXNARD<br>300 W. Third ST<br>OXNARD Ca 93030                | FIL     | Candidate STATEMENT    | 1300        |
| Deric Middleton<br>2000 ISABELLA<br>OXNARD, CA 93030                | WED     | Websight               | 220         |
| STATE OF CALIF<br>428 J ST SUITE 620<br>Sacramento, Ca 95814        | FIL     | STATE FILING FEE       | 50          |
| STAPLES<br>411 Esplanade Dr.<br>OXNARD, Ca 93036                    | OFC     | Printed, INK, Paper    | 318         |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2136**