

**497 Contribution Report**

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

CITY OF OXNARD  
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497 CONTRIBUTION REPORT

NAME OF FILER <b>DICK JAQUEZ</b>		Date of This Filing <b>10/13/14</b>	CITY OF OXNARD CITY CLERK Date Stamp <b>2014 OCT 13 A 10:56</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>805-758-4533</b>	I.D. NUMBER (if applicable)	Report No. <b>3</b>		
STREET ADDRESS <b>1300 Rachel Dr.</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <b>1</b>		
CITY <b>OXNARD, CA</b>	STATE <b>CA</b>		ZIP CODE <b>93030</b>	

**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
<b>10/12/14</b>	<b>Superior Cooling P.O. Box 71 OXNARD, CA 93032</b>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>BOB JONES RAUCH</b>	<b>1000</b> <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