**Recipient Committee**  
**Campaign Statement**  
**Cover Page**  
(Government Code Sections 84200-84216.5)

**Date of election if applicable:**

(Month, Day, Year)

**Statement covers period**

from 10/1/14 through 10/19/14

**Date Stamp**

CITY OF OXNARD  
CITY CLERK  
2014 OCT 22 P 3:34

**Type or print in ink.**

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
  - (Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
- Political Party/Central Committee

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)

**3. Committee Information**

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1969197</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)</td>
<td>DICK SANCHEZ FOR COUNCIL</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>1300 RACHEL DR.</td>
</tr>
<tr>
<td>CITY</td>
<td>OXNARD</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>93030</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>805-783-</td>
</tr>
</tbody>
</table>

**Treasurer(s)**

| NAME OF TREASURER | NAMELA K. JARNEZ |
| MAILING ADDRESS | 1300 RACHEL DR. |
| CITY | OXNARD |
| STATE | CA |
| ZIP CODE | 93030 |
| AREA CODE/PHONE | 805 - |

**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 10/18/14  
By ____________________________  
Signature of Treasurer or Assistant Treasurer

Executed on 10/18/14  
By ____________________________  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on  
By ____________________________  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on  
By ____________________________  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ABK-FPPC  
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>DICK JACOBEZ</td>
</tr>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>CITY COUNCIL MEMBER</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>1300 RACHAEL DR. ORLANDO, FL 32830</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

6. Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>Identify the controlling officeholder, candidate, or state measure proponent, if any.</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</td>
</tr>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
</tbody>
</table>

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 | SUPPORT | OPPOSE |
- | NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |
- | NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions .................................................. Schedule A, Line 3 $1,599
2. Loans Received ............................................................. Schedule B, Line 3 $-
3. SUBTOTAL CASH CONTRIBUTIONS .................................. Add Lines 1 + 2 $1,599
4. Nonmonetary Contributions ............................................. Schedule C, Line 3 $1,599
5. TOTAL CONTRIBUTIONS RECEIVED ................................. Add Lines 3 + 4 $1,599

### Expenditures Made

6. Payments Made ............................................................ Schedule E, Line 4 $4,030
7. Loans Made ..................................................................... Schedule H, Line 3 $-
8. SUBTOTAL CASH PAYMENTS .......................................... Add Lines 6 + 7 $4,030
9. Accrued Expenses (Unpaid Bills) ..................................... Schedule F, Line 3 $-
10. Nonmonetary Adjustment ................................................ Schedule C, Line 3 $-
11. TOTAL EXPENDITURES MADE ......................................... Add Lines 8 + 9 + 10 $4,030

### Current Cash Statement

12. Beginning Cash Balance .................................................. Previous Summary Page, Line 16 $1,009
13. Cash Receipts ............................................................... Column A, Line 3 above $1,599
14. Miscellaneous Increases to Cash ...................................... Schedule I, Line 4 $4,030
15. Cash Payments ............................................................. Column A, Line 8 above $-
16. ENDING CASH BALANCE ............................................... Add Lines 12 + 13 + 14, then subtract Line 15 $-1422

### Expenditure Limit Summary for State Candidates

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

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents .......................................................... See instructions on reverse $-
19. Outstanding Debts .......................................................... Add Line 2 + Line 9 in Column B above $-

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**NAME OF FILER:**

**DICK JACQUEZ**

**I.D. NUMBER:**

1369187

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Type or print in ink.

Amounts may be rounded to whole dollars.
### Schedule A Summary

1. **Amount received this period – contributions of $100 or more.**
   - (Include all Schedule A subtotals.) ........................................... $ __________

2. **Amount received this period – unitemized contributions of less than $100.** .................................................. $ __________

3. **Total monetary contributions received this period.**
   - (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $ __________

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#### Full Name, Street Address and Zip Code of Contributor

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/12/14</td>
<td>Dickie Jones</td>
<td>IND</td>
<td>Bob Jones 1001 N. Oxnard, Oxnard, Ca. 93035</td>
<td>$1000</td>
<td>$1000</td>
<td></td>
</tr>
<tr>
<td>10/14/14</td>
<td>Bob Jurik</td>
<td>IND</td>
<td>Real Estate Remax, 2325 Green Farms Lane, Oxnard, Ca. 93035</td>
<td>$500</td>
<td>$500</td>
<td></td>
</tr>
</tbody>
</table>
**Schedule E**

**Payments Made**

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

**NAME OF FILER**

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>DT 10 PRINTING 2000 EASTMAN ST 25 CMA 92750</td>
<td>LIT</td>
<td>Flyers</td>
<td>$3000</td>
</tr>
<tr>
<td>DT 10 PRINTING 2000 EASTMAN ST 25 CMA 92750</td>
<td>LIT</td>
<td>Absentee Ballot Flyers</td>
<td>$940.48</td>
</tr>
<tr>
<td>STAR FREE PRESS VENTURA CO</td>
<td>PRT</td>
<td>Newspaper Insert</td>
<td>$92.30</td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) .......................................................... $ 4030

2. Unitemized payments made this period of under $100 ........................................................................................................ $ 1

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ........................................... $ 1

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ............ TOTAL $ 4030

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