

56 COPY

Statement of Organization Recipient Committee

Statement Type  Initial  Not yet qualified  or

5, 21, 12 Date qualified as committee

Type or print in ink 1347989

Amendment  Termination - See Part 5  List I.D. number: 2012 JUN 13 P 12:07

Rejected: 4/15/12 Returned: 5-24-2012

RECEIVED AND FILED CALIFORNIA FORM 410 DEBRA BOWEN Secretary of State JUN 01 2012

1. Committee Information

NAME OF COMMITTEE DONALD THIBEAULT FOR MAYOR 2012

STREET ADDRESS (NO P.O. BOX) 2601 LIONS GATE DR.

CITY Oxnard CA STATE ZIP CODE 93030 AREA CODE/PHONE 805 985 3488

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE VENTURA COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER DONALD W. THIBEAULT

STREET ADDRESS (NO P.O. BOX) 2601 LIONS GATE DR.

CITY Oxnard, CA, STATE ZIP CODE 93030 AREA CODE/PHONE 805 985 3488

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 5/21/12 DATE

Executed on 5/21/12 DATE

Executed on DATE

Executed on DATE

By Donald W. Thibault SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Donald W. Thibault 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**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

THIBEAULT FOR MAYOR 2012

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
DONALD W. THIBEAULT	MAYOR, OXNARD, CA.	2012	<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	
CHASE	805 983 8674	4688 14998	
ADDRESS	CITY	STATE	ZIP CODE
8600 NEOTOMA ROAD	OXNARD	CA	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