

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

45-5551740

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410
	<small>For Official Use Only</small>
	2012 JUN 25 P 12:57

1. Committee Information

NAME OF COMMITTEE

PINKARD FOR MAYOR 2012

STREET ADDRESS (NO P.O. BOX)

2047 Spyglass Trail East

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Oxnard	CA	93036	(805)485-9566
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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

Crittenden K. Ward

STREET ADDRESS (NO P.O. BOX)

1512 Crespi Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Oxnard	CA	93033	(805) 247-1978
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NAME OF ASSISTANT TREASURER, IF ANY

Irene G. Pinkard

STREET ADDRESS (NO P.O. BOX)

2047 Spyglass Trail East

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Oxnard	CA	93036	(805) 485-9566
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NAME OF PRINCIPAL OFFICER(S)

Irene G. Pinkard

STREET ADDRESS (NO P.O. BOX)

2047 Spyglass Trail East

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Oxnard	CA	93036	(805) 485-9566
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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 June 21, 2012
DATE

Executed on June 21, 2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 
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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME PINKARD FOR MAYOR 2012	I.D. NUMBER 45-5551740
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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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Dr. Irene G. Pinkard	Mayor of Oxnard	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 Santa Barbara Bank & Trust	AREA CODE/PHONE 805.278.1473	BANK ACCOUNT NUMBER 0103966271	
ADDRESS 400 East Esplanade Drive, Suite 101	CITY Oxnard	STATE CA	ZIP CODE 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
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE