

**Statement of Organization
Recipient Committee**

Type or print in ink

1348382

STATEMENT OF ORGANIZATION

Statement Type Initial or
Not yet qualified

Amendment
List I.D. number
45-5651740
Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

Date Stamp
CITY OF Oxnard
RECEIVED AND FILE
in the office of the Secretary of State
of the State of California
JUN 28 2012 JUL 19 A 11:55
DEBRA BOWEN
Secretary of State
CALIFORNIA FORM 410
For Official Use Only

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
Oxnard	CA	93036	(805)485-9566

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

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

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
Oxnard	CA	93033	(805) 247-1978

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
Oxnard	CA	93036	(805) 485-9566

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
Oxnard	CA	93036	(805) 485-9566

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 Crittenden K. Ward SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By Irene G. Pinkard 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

COMMITTEE NAME

PINKARD FOR MAYOR 2012

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	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Santa Barbara Bank & Trust	805.278.1473	0103966271	
ADDRESS	CITY	STATE	ZIP CODE
400 East Esplanade Drive, Suite 101	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