

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Page _____ of _____

For Official Use Only

Statement covers period
from July 1, 2012
through September 30, 2012

Date of election if applicable:
(Month, Day, Year)

November 6, 2012 **CITY OF OXNARD**
-8 P 12:54

SEE INSTRUCTIONS ON REVERSE

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
- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

Original filing did not contain the signature of the candidate.

3. Committee Information

I.D. NUMBER
1348382

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Pinkard for May 2012

STREET ADDRESS (NO P.O. BOX)

2047 Spyglass Trail East

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93036</u>	<u>(804) 485-9566</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Crittenden K. Ward

MAILING ADDRESS

1512 Crespi Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>VA</u>	<u>93033</u>	<u>(805) 247-1978</u>

NAME OF ASSISTANT TREASURER, IF ANY

Irene G. Pinkard

MAILING ADDRESS

2047 Spyglass Trail East

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

OPTIONAL: FAX / E-MAIL ADDRESS

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 10/08/2012
Date

Executed on 10/05/2012
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, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent