

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **470**

For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>JUNE 4, 2013</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
--	--

Date Stamp

CITY OF OXNARD
CITY CLERK

2013 FEB 25 P 3:11

1. Statement Covers Calendar Year 20 13.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DONALD W THIBEAULT

STREET ADDRESS

2601 LIONS GATE DR

CITY

OXNARD

STATE

CA

ZIP CODE

93030

AREA CODE/DAYTIME PHONE NUMBER

805-985-3488

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

COUNCIL MEMBER

JURISDICTION (LOCATION)

OXNARD

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
/	/	/
/	/	/

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

2/25/13

DATE

By

Donald W Thibault

SIGNATURE OF OFFICEHOLDER OR CANDIDATE