Officeholder and Candidate
Campaign Statement –
Short Form
(Government Code Section 84206)

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

[Signature]

1. Statement Covers Calendar Year 2013.

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE
   DONALD W THIBEAULT
   STREET ADDRESS
   3081 LIONS GATE DR
   CITY
   OXNARD
   STATE
   CA
   ZIP CODE
   93030
   AREA CODE/DAYTIME PHONE NUMBER
   805-985-3458
   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

   By [Signature]

   Date Stamp
   2013 FEB 25 P 3:1

   FPPC Form 470 (June/01)
   FPPC Toll-Free Helpline: 866/ASK-FPPC