

**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:

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

Date qualified as committee
(if applicable)

1347989
11, 14, 12
Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
NOV 19 2012
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
DONALD THIBEAULT FOR MAYOR 2012

STREET ADDRESS (NO P.O. BOX)
2601 LIONS GATE DR,

CITY STATE ZIP CODE AREA CODE/PHONE
OXNARD CA 93030 805-985-3488

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER
DONALD W. THIBEAULT

STREET ADDRESS (NO P.O. BOX)
2601 LIONS GATE DR.

CITY STATE ZIP CODE AREA CODE/PHONE
OXNARD, CA, 93030 805-985-3488

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 11/14/12 DATE

Executed on 11/14/12 DATE

Executed on _____ DATE

Executed on _____ DATE

By Donald W. Thibault
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Donald W. Thibault
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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CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

DONALD THIBEAULT FOR MAYOR 2012

I.D. NUMBER

134 7989

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
DONALD W. THIBEAULT	MAYOR, OXNARD, CA.	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
CHASE	805 983 8674	4688 14988
ADDRESS	CITY	STATE ZIP CODE

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