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1352013

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:

08 10 12 Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California SEP 24 2012 DEBRA BOWEN Secretary of State CALIFORNIA FORM 410 For Official Use Only 2012 OCT -4 P 12:51

1. Committee Information

NAME OF COMMITTEE Tim Flynn for Mayor 20102

STREET ADDRESS (NO P.O. BOX) 211 North F Street Oxnard CA 93030 805 340-1922 CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS timflynnformayor@gmail.com

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER Julie Flynn

STREET ADDRESS (NO P.O. BOX) 211 North F Street

CITY STATE ZIP CODE AREA CODE/PHONE Oxnard CA 93030 805 247-0949

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 8/10/2012 DATE Executed on 8/10/2012 DATE Executed on DATE Executed on DATE

By Julie S. Flynn SIGNATURE OF TREASURER OR ASSISTANT TREASURER By Signature of Controlling Officeholder, Candidate, or State Measure Proponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Tim Flynn for Mayor 2012

I.D. NUMBER

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
Tim Flynn	Mayor, City 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	
Bank of America	805 650-2280	1802467829	
ADDRESS	CITY	STATE	ZIP CODE
920 North Ventura Road	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