Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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

2. Type of Statement:
   □ Prelection Statement
   □ Semi-annual Statement
   □ Amendment (Explain below)
   □ Quarterly Statement
   □ Special Odd-Year Report
   □ Termination Statement (Also file a Form 410 Termination)
   □ Supplemental Prelection Statement - Attach Form 495

3. Committee Information

   I.D. NUMBER 1329895

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Tim Flynn for Oxnard Council 2010

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

   CITY                STATE       ZIP CODE       AREA CODE/PHONE
   Oxnard             CA          93030          805 340-1922

   Mailing Address (If Different) No. And Street Or P.O. Box

   CITY                STATE       ZIP CODE       AREA CODE/PHONE

   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 10/5/10
   Executed on ____________
   Executed on ____________
   Executed on ____________

   By ___________________________[Signature of Treasurer or Assistant Treasurer]
   By ___________________________[Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor]
   By ___________________________[Signature of Controlling Officerholder, Candidate, State Measure Proponent]
   By ___________________________[Signature of Controlling Officerholder, Candidate, State Measure Proponent]
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Tim Flynn
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Oxnard City Council
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY STATE ZIP CODE AREA CODE/PHONE</td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSIE</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee
List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSIE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSIE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSIE</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSIE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
**Contributions Received**

<table>
<thead>
<tr>
<th>Item</th>
<th>Schedule or Line</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Line 3</td>
<td>$9,624.00</td>
<td>$9,624.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Line 3</td>
<td>$1,200.00</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$10,824.00</td>
<td>$10,824.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Line 3</td>
<td>$320.00</td>
<td>$320.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$11,144.00</td>
<td>$11,144.00</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Item</th>
<th>Schedule or Line</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Line 4</td>
<td>$5,173.00</td>
<td>$5,173.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Line 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$5,173.00</td>
<td>$5,173.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$5,173.00</td>
<td>$5,173.00</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 15</td>
<td>0</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>10,824.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>5,173.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$5,651.00</td>
</tr>
</tbody>
</table>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
## Schedule A
### Monetary Contributions Received

**NAME OF FILER**
Tim Flynn For Oxnard City Council

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I D NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDARYEAR (JAN. 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/10</td>
<td>Fred and Gail Rosenmund 162 South A Street Oxnard, CA 93030</td>
<td>✔ IND</td>
<td>Lawyer/Homemaker</td>
<td>500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/6/10</td>
<td>Jane and Adam Tornach 656 Douglas Ave. Oxnard, CA 93030</td>
<td>✔ IND</td>
<td>Retired/Business owner</td>
<td>250.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/6/10</td>
<td>Duane and Christina Mottar P.O. Box 1788 Oxnard, CA 93032</td>
<td>✔ IND</td>
<td>Military Contractor/Teacher</td>
<td>500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/9/10</td>
<td>Joseph O'Neill 705 North A Street Oxnard, CA 93030</td>
<td>✔ IND</td>
<td>Lawyer</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/17/10</td>
<td>Richard Tentler 141 W 2nd Street Oxnard, CA 93030</td>
<td>✔ IND</td>
<td>Lawyer</td>
<td>200.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 1550.00

### Schedule A Summary
1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) ................................................................. $ 8,320.00
2. Amount received this period - unitemized monetary contributions of less than $100 ................................................................. $ 1,304.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................... TOTAL $ 9,624.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee*
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 9/26/10       | Steve Amason
3128 South G Street
Oxnard, CA 93003 | ☑ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC | Teacher Aide | 100.00 |                                                                                   |                                  |

SUBTOTAL $100.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTHER (other than PTY or SCC)
PTY - Political Party
SCC - Small Contributor Committee
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/10</td>
<td>Patrick and William Roarty 848 Murdoch Lane Ventura, CA 93003</td>
<td>☑ IND</td>
<td>Shipping Manager</td>
<td>120.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/1/10</td>
<td>Scott and Maureen Lenicka 750 Walcott Avenue Ventura, CA 93003</td>
<td>☑ IND</td>
<td>Aerospace Engineer/Homemaker</td>
<td>120.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/1/10</td>
<td>Kenneth W Minkel 334 Court Avenue Ventura, CA 93003</td>
<td>☑ IND</td>
<td>Loan Agent</td>
<td>120.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/1/10</td>
<td>William Laubacher 420 Agnus Drive Ventura, CA 93003</td>
<td>☑ IND</td>
<td>Grocery Manager</td>
<td>120.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/1/10</td>
<td>James and Theresa Vasquez 4743 Rosemont Court Ventura, CA 93003</td>
<td>☑ IND</td>
<td>Business Owner/Teacher</td>
<td>120.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS $** 600.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/10</td>
<td>Kurihara Family Bypass Trust 2110 Ivanhoe Avenue Oxnard, CA 93030</td>
<td>☑ IND ☐ COM ☐ OTH ☐PTY ☐ SCC</td>
<td>Business Owner</td>
<td>200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/1/10</td>
<td>Nancy and Richard Francis 10779 Lassen Court Ventura, CA 93004</td>
<td>☑ IND ☐ COM ☐ OTH ☐PTY ☐ SCC</td>
<td>Lawyer/Retired</td>
<td>500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/29/10</td>
<td>J Daniel and Karen Flynnn 2783 Marty Way Sacramento, CA 95818</td>
<td>☑ IND ☐ COM ☐ OTH ☐PTY ☐ SCC</td>
<td>University Program Director/Public Defender</td>
<td>250.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/1/10</td>
<td>John and Barbara Higgins 1109 Roderick Avenue Oxnard, CA 93030</td>
<td>☑ IND ☐ COM ☐ OTH ☐PTY ☐ SCC</td>
<td>Insurance Agent/Homemaker</td>
<td>150.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/1/10</td>
<td>Terri and Mark Davis 5280 Gonzaga Street Ventura, CA 93003</td>
<td>☑ IND ☐ COM ☐ OTH ☐PTY ☐ SCC</td>
<td>Real Estate Agent/Sales Manager</td>
<td>120.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 1220.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(Other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
### Schedule A (Continuation Sheet)
#### Monetary Contributions Received

- **Type or print in ink. Amounts may be rounded to whole dollars.**
- **Statement covers period from January 1, 2010 through October 5, 2010**

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address And Zip Code Of Contributor</th>
<th>Contributor Code *</th>
<th>If An Individual, Enter Occupation And Employer (If Self-Employed, Enter Name Of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/2/10</td>
<td>Fitness Fuel Distributing 159 Elm Avenue Imperial Beach, CA 91932</td>
<td>☑ IND</td>
<td>Business Owner</td>
<td>150.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/2/10</td>
<td>Madge McKee 168 Fairway Lane Ojai, CA 93023</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/4/10</td>
<td>Alfred and Elizabeth Montijo 1511 Ambrose Avenue Oxnard, CA 93035</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/1/10</td>
<td>Patricia and Carl Thomsen 2110 Napoli Drive Oxnard, CA 93035</td>
<td>☑ IND</td>
<td>Construction Owner</td>
<td>200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/28/10</td>
<td>Steve Tamai 1701 Holly Ave Oxnard, CA 93036</td>
<td>☑ IND</td>
<td>Business Owner/Farmer</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal $** 650.00

*Contributor Codes
- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

---

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>OCCUPATION AND EMPLOYER</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 9/26/10       | Robert Valles  
P.O. Box 50302  
Oxnard, CA 93031 | ☑ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | Retired | 100.00 |                                      |                                  |
| 9/25/10       | Preston Davis  
1831 Joanne Way  
Oxnard, CA 93030 | ☑ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | Business Owner | 100.00 |                                      |                                  |
| 9/26/10       | David and Catherine Myers  
26985 Old Chimney Road  
Malibu, CA 90265 | ☑ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | Lawyer/Homemaker | 150.00 |                                      |                                  |
| 9/23/10       | Nathan Shoemaker  
133 Tujunga Avenue  
Oxnard, CA 93035 | ☑ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | Retired | 100.00 |                                      |                                  |
| 9/26/10       | Gloria Tamai  
1701 Holly Ave  
Oxnard, CA 93036 | ☑ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | Business Owner | 100.00 |                                      |                                  |
|              | **SUBTOTAL** |                                  |                          | **$1,400.00** |                                      |                                  |

*Contributor Codes*
- IND - Individual
- COM - Recipient Committee
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee
<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code *</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
</table>
| 9/26/10 | Colleen Gillespie  
3600 South Harbor Blvd., Suite 481  
Oxnard, CA 93035 | ☑️ IND  
☐ COM  
☐ OTH  
☒ PTY  
☐ SCC | Lawyer | 100.00 | | |
| 9/26/10 | John and Diane Flynn  
234 North L Street  
Oxnard, CA 93030 | ☑️ IND  
☐ COM  
☒ OTH  
☐ PTY  
☐ SCC | Retired | 1000.00 | | |
| 9/25/10 | Shawn P. Near  
2394 Pleasant Way Unit N  
Thousand Oaks, CA 91362 | ☑️ IND  
☐ COM  
☐ OTH  
☒ PTY  
☐ SCC | Teacher | 100.00 | | |
| 9/26/10 | Robert and Janice Freeland  
4111 Romany Drive  
Oxnard, CA 93035 | ☑️ IND  
☐ COM  
☐ OTH  
☒ PTY  
☐ SCC | Retired | 100.00 | | |
| 9/26/10 | John Hagan  
500 Hazelwood Drive  
Oxnard, CA 93030 | ☑️ IND  
☐ COM  
☐ OTH  
☒ PTY  
☐ SCC | Caretaker | 100.00 | | |

**Subtotal**: $1400.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
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<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/26/10</td>
<td>Dr. Jonathan and Jayne Ziv</td>
<td>☑ IND</td>
<td>Dentist/Homemaker</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3365 Ocean Drive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Channel Islands Beach, CA 93035</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9/22/10</td>
<td>Deirdre Barkley Frank</td>
<td>☑ IND</td>
<td>Lawyer</td>
<td>250.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5244 Seabreeze Way</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Oxnard, CA 93035</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/22/10</td>
<td>Charles A Wilson</td>
<td>☑ IND</td>
<td>Retired</td>
<td>200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hisako Owen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2701 Wood Opal Way</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/26/10</td>
<td>Joseph and Virginia Althoff</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1010 West Robert Ave.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/24/10</td>
<td>Thomas Ragan</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>500 Hazelwood Drive</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 900.00**

*Contributor Codes

IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
## Schedule A (Continuation Sheet)
### Monetary Contributions Received

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date Calendar Year (Jan 1 - Dec 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/26/10</td>
<td>Phillip and Linda Molina 1723 Gabriella Drive Oxnard, CA 93030</td>
<td>☑ IND</td>
<td>Retired</td>
<td>300.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/26/10</td>
<td>Frank and Irene Gruber 242 North L Street Oxnard, CA 93030</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/27/10</td>
<td>Jean Gentry 219 North F Street Oxnard, Ca 93030</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/26/10</td>
<td>Y.G Bodle 2234 Cannes Square Oxnard, CA 93035</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/20/10</td>
<td>Elaine and Ed Guerroia 4101 Romany Drive Oxnard, CA 93035</td>
<td>☑ IND</td>
<td>Retired</td>
<td>300.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal $** 900.00

---

*Contributor Codes

IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**CALIFORNIA FORM 460**

Statement covers period from January 1, 2010 through October 5, 2010

Page ____ of ____

ID NUMBER 1329895

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FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/18/10</td>
<td>Philip McGrath 3736 Ocean Drive Oxnard, CA 93035</td>
<td>☑ IND  ☑ COM</td>
<td>Farmer</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/18/10</td>
<td>George Arglen Evelina Bartolini 4614 Eastbourne Bay Oxnard, CA 93035</td>
<td>☑ IND  ☑ COM</td>
<td>Retired</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/26/10</td>
<td>Catalina Serros 2651 Bellerive Court Oxnard, CA 93036</td>
<td>☑ IND  ☑ COM</td>
<td>Retired</td>
<td>200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/26/10</td>
<td>Timothy Hirschberg 1483 Windshore Way Oxnard, Ca 93035</td>
<td>☑ IND  ☑ COM</td>
<td>Lawyer</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/26/10</td>
<td>Matthew and Jean Roundtree 215 Ocean Drive Oxnard, Ca 93035</td>
<td>☑ IND  ☑ COM</td>
<td>Retired</td>
<td>100.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 600.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
**Schedule B – Part 1**

**Loans Received**

**Statement covers period**

from **January 1, 2010**

through **October 5, 2010**

**NAME OF FILER**

Tim Flynn For Oxnard City Council

**I.D. NUMBER**

1329895

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

Tim Flynn
211 North "F" Street
Oxnard, CA 93030

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)**

Teacher, Oxnard Union High School District

<table>
<thead>
<tr>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT PAID OR FORGIVEN THIS PERIOD*</th>
<th>(c) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(d) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(o) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,200.00</td>
<td>$0.00</td>
<td>$1,200.00</td>
<td>$0.00</td>
<td>$1,200.00</td>
<td>CALENDAR YEAR</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period

(Total Column (b) plus unitemized loans of less than $100.)

$1,200.00

2. Loans paid or forgiven this period

(Total Column (c) plus loans under $100 paid or forgiven.)

$1,200.00

3. Net change this period. (Subtract Line 2 from Line 1.)

NET $0

(May be a negative number)

*Contributor Codes*

IND – Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

**FPPC Form 460 (January/05)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule B - Part 2
### Loan Guarantors

**Statement covers period**
- from: January 1, 2010
- through: October 5, 2010

**NAME OF FILER**
- Tim Flynn For Oxnard City Council

**FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR**
- Tim Flynn
  - 211 North "F" Street
  - Oxnard, CA 93030

**CONTRIBUTOR CODE**
- IND
- COM
- OTH
- PTY
- SCC

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)**
- Teacher, Oxnard Union High School District

**LENDER**
- Candidate

**DATE**
- 8/6/10

**AMOUNT GUARANTEED THIS PERIOD**
- 1,200.00

**CALCULATIONS**
- **CALCULATIONS**
- **CALCULATIONS**

**SUBTOTAL $**
- 1,200.00

---

**CALIFORNIA FORM 460**

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
# Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from _January 1, 2010__
through _October 5, 2010_

---

**NAME OF FILER**

Tim Flynn For Oxnard City Council

**I.D. NUMBER**

1329895

---

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/10</td>
<td>Fred Rosenmund 162 South &quot;A&quot; Street Oxnard, CA 93030</td>
<td>[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC</td>
<td>Attorney</td>
<td>Sign Construction</td>
<td>320.00</td>
<td>320.00</td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 320.00

---

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) $ 320.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 $
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL $ 320.00

---

*Contributor Codes*

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

---

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
### Schedule E Payments Made

Type or print in Ink. Amounts may be rounded to whole dollars.

Statement covers period from January 1, 2010 through October 5, 2010

CALIFORNIA FORM 460

NAME OF FILER

Tim Flynn For Oxnard City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- RHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RDF returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL: $4,438.65

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $4,438.65
2. Unitemized payments made this period of under $100 $578.77
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $50173.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>BJ'S Restuarant</td>
<td>MTG</td>
<td>Food</td>
<td>122.12</td>
</tr>
<tr>
<td>461 Esplanade Drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staples</td>
<td>OFC</td>
<td>Printer, envelopes, printing and labels</td>
<td>250.13</td>
</tr>
<tr>
<td>411 Esplanade Drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93036</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fausset Printing</td>
<td>LIT</td>
<td>Campaign Literature and envelopes</td>
<td>1,104.15</td>
</tr>
<tr>
<td>1799 Eastman Avenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGP Software</td>
<td>PRO</td>
<td>Campaign data software</td>
<td>350.00</td>
</tr>
<tr>
<td>1225 Eye Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suite 1225</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington, D.C. 20005</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cogs South</td>
<td>PRO</td>
<td>Yard signs</td>
<td>1049.44</td>
</tr>
<tr>
<td>3309 South Main Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Ana, Ca 92707</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 2,875.84
### Schedule E (Continuation Sheet)

(Payments Made)

**NAME OF FILER**
Tim Flynn For Oxnard City Council

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidate filing/ballot fees
- ND: independent expenditure supporting/opposing others (explain)*
- LEG: legal defense
- LT: campaign literature and mailings
- MBR: member communications
- MTG: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: t.v. or cable airtime and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/spONSor
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costco</td>
<td>FND</td>
<td>Fundraiser Food Purchase</td>
<td>196.55</td>
</tr>
<tr>
<td>2001 East Ventura Boulevard</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FND</td>
<td>Cups, water, plates and beverages</td>
<td>166.26</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FND</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Oxnard</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>305 West Third Street</td>
<td>FIL</td>
<td>Ballot Statement Fee</td>
<td>1,200.00</td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
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</tr>
</tbody>
</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL:** $1,562.81