**497 Contribution Report**

**NAME OF FILER**
Tim Flynn for Oxnard City Council 2010

**AREA CODE/PHONE NUMBER**
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**I.D. NUMBER (if applicable)**
1329895

**STREET ADDRESS**
211 North "F" Street

**CITY**
Oxnard

**STATE**
CA

**ZIP CODE**
93030

**Date of This Filing**
10/27/10

**Report No.**

** Amendment to Report No.**

**No. of Pages**

1. **Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
</tr>
</thead>
</table>
| 10/17/10      | John and Diane Flynn  
234 North "L" Street  
Oxnard, CA 93030 | ☒ IND

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER**
Retired

```
1,000.00
☐ Check if Loan
Provide interest rate

% Provide interest rate

% Provide interest rate

% Provide interest rate

% Provide interest rate
```