

# 497 Contribution Report

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

CITY OF OXNARD  
497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Tim Flynn for Oxnard City Council 2010		<b>Date of This Filing</b> 10/27/10	<b>Date Stamp</b> 10 OCT 28	<b>CALIFORNIA FORM 497</b>
<b>AREA CODE/PHONE NUMBER</b> (805) 247-0949	<b>I.D. NUMBER (if applicable)</b> 1329895	<b>Report No.</b> _____	For Official Use Only	
<b>STREET ADDRESS</b> 211 North "F" Street Oxnard CA 93030		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>	10 OCT 28 PM 1:52	
<b>CITY</b>	<b>STATE</b> <b>ZIP CODE</b>	<b>No. of Pages</b> _____		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/17/10	John and Diane Flynn 234 North "L" Street Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*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