### Statement of Organization

**Recipient Committee**

**Statement Type** Initial

Not yet qualified **or** ---

**Date qualified as committee**

Date qualified as committee (if applicable)

<table>
<thead>
<tr>
<th>Amendment</th>
<th>Termination – See Part 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>List I.D. number:</td>
<td>List I.D. number:</td>
</tr>
<tr>
<td>1311191</td>
<td>#</td>
</tr>
<tr>
<td>08 24, 2008</td>
<td>Date of Termination</td>
</tr>
</tbody>
</table>

### 1. Committee Information

**NAME OF COMMITTEE**

Tim Flynn for Mayor, 2014

**STREET ADDRESS (NO P.O. BOX)**

211 North "F" Street

**CITY**

Oxnard

**STATE**

CA

**ZIP CODE**

93030

**AREA CODE/PHONE**

(805)340-1922

**MAILING ADDRESS (IF DIFFERENT)**

**FAX/E-MAIL ADDRESS**

**COUNTRY OF DOMICILE**

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

**NAME OF PRINCIPAL OFFICER**

ATL

### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**

Julie Flynn

**STREET ADDRESS (NO P.O. BOX)**

211 North "F" Street

**CITY**

Oxnard

**STATE**

CA

**ZIP CODE**

93030

**AREA CODE/PHONE**

(805)340-1922

**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 09/08/2014

By

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

Executed on 09/08/2014

By

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

Executed on

By

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

Executed on

By

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee Name
Tim Flynn for Mayor, 2014

1. All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>Area Code/Phone</th>
<th>Bank Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>(805)432-1000</td>
<td>001802467829</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>920 North Ventura Road</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

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 “nonpartisan.”

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>Name of Candidate/Officeholder/State Measure Proponent</th>
<th>Elective Office Sought or Held (Include District Number if Applicable)</th>
<th>Year of Election</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn</td>
<td>Mayor, City of Oxnard</td>
<td>2008</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td>Tim Flynn</td>
<td>Mayor, City of Oxnard</td>
<td>2012</td>
<td>☑ Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>Candidate(s) Name or Measure(s) Full Title (Include Ballot No. or Letter)</th>
<th>Candidate(s) Office Sought or Held or Measure(s) Jurisdiction (Include District No., City or County, as Applicable)</th>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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