Statement of Organization
Recipient Committee

Statement Type

☐ Initial
Not yet qualified ☐ or
☐ Amendment
List I.D. number:
# 1311191
☐ Termination – See Part 5
List I.D. number:
#

Date of Termination

08/24/2014
Date qualified as committee

1. Committee Information

NAME OF COMMITTEE
Flynn for Mayor

STREET ADDRESS (NO P.O. BOX)
211 N F St

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

MAILING ADDRESS (IF DIFFERENT)

FAX/E-MAIL ADDRESS
timbflynn@gmail.com

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
Oxnard

NAME OF TREASURER
Julie Flynn

STREET ADDRESS (NO P.O. BOX)
211 N F St

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

NAME OF ASSISTANT TREASURER, IF ANY
Diane I Flynn

STREET ADDRESS (NO P.O. BOX)
234 N L St

CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
(805)486-8976

NAME OF PRINCIPAL OFFICER(S)

ATTACH ADDITIONAL INFORMATION ON APPROPRIATELY LABELED CONTINUATION SHEETS.

2. Treasurer and Other Principal Officers

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 10/06/2014
By

Executed on 10/06/2014
By

Executed on
By

Executed on
By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, 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**
Flynn for Mayor

- 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 N Ventura Rd</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 PROONENT</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>CHECK ONE</th>
</tr>
</thead>
</table>

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