

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or
 List I.D. number: # 1311191
 Date qualified as committee 08 / 24 / 2010 Date qualified as committee 10 / 05 / 2014 (if applicable) Date of Termination

Date Stamp CITY OF OXNARD CITY CLERK 2014 OCT -6 P 5:50	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
Flynn for Mayor
 STREET ADDRESS (NO P.O. BOX)
211 N F St
 CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 (805)340-1922
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS
timbflynn@gmail.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Julie Flynn
 STREET ADDRESS (NO P.O. BOX)
211 N F St
 CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 (805)247-0949
 NAME OF ASSISTANT TREASURER, IF ANY
Diane I Flynn
 STREET ADDRESS (NO P.O. BOX)
234 N L St
 CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 (805)486-8976
 NAME OF PRINCIPAL OFFICER(S)
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 Diane I Flynn SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 10/06/2014 By Timothy B Flynn SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Flynn for Mayor

I.D. NUMBER

1311191

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (805)432-1000	BANK ACCOUNT NUMBER 001802467829
ADDRESS 920 N Ventura Rd	CITY Oxnard	STATE ZIP CODE CA 93030

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Tim Flynn	Mayor, City of Oxnard	2008	<input checked="" type="checkbox"/> Nonpartisan
Tim Flynn	Mayor, City of Oxnard	2012	<input checked="" type="checkbox"/> Nonpartisan

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>