Cover Page

Type or print in ink.

Statement covers period from Jul 1, 2014 through Sep 30, 2014

Date of election if applicable: (Month, Day, Year) Nov 4, 2014

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
     (Also Complete Part 5)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     (Also Complete Part 6)
   - Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)
   - Quarterly Statement
   - Special Odd-Year Report
   - Supplemental Pre-election Statement - Attach Form 495
   - Current cash statement and schedules B, E and F revision

3. Committee Information
   - I.D. NUMBER 1311191
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
     Tim Flynn for Mayor 2014

   STREET ADDRESS (NO P.O. BOX)
   211 North F Street
   Oxnard CA 93030

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

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   211 North F Street
   Oxnard CA 93030 805 340-1922

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

   OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 October 23, 2014
   By
   Signature of Treasurer(s)
   Julie Flynn
   Mailing Address
   211 North F Street
   Oxnard CA 93030 805 247-0949

   Name of Assistant Treasurer, If Any
   Diane I Flynn
   Mailing Address
   234 North L Street
   Oxnard CA 93030 805 486-8976

   Optional: Fax / E-mail Address

FPPC Form 460 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
## Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Tim Flynn</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Mayor, City of Oxnard</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>211 North F Street</td>
</tr>
<tr>
<td>CITY</td>
<td>Oxnard</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP</td>
<td>93030</td>
</tr>
</tbody>
</table>

### Related Committees Not Included in this Statement

List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? YES NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

## Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>DISTRICT NO. IF ANY</td>
</tr>
</tbody>
</table>

## Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary

---

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
State of California
### Contributions Received

1. Monetary Contributions  
   - Schedule A, Line 3  
   - $15173.00  
   - Column B, Calendar Year  
   - $15173.00

2. Loans Received  
   - Schedule B, Line 3  
   - $1500.00  
   - Column B, Calendar Year  
   - $4278.00

3. Subtotal Cash Contributions  
   - Add Lines 1 + 2  
   - $16673.00  
   - Column B, Calendar Year  
   - $19451.00

4. Nonmonetary Contributions  
   - Schedule C, Line 3  
   - $1854.78  
   - Column B, Calendar Year  
   - $1854.78

5. Total Contributions Received  
   - Add Lines 3 + 4  
   - $18527.78  
   - Column B, Calendar Year  
   - $21305.78

### Expenditures Made

6. Payments Made  
   - Schedule E, Line 4  
   - $8233.00  
   - Column B, Calendar Year  
   - $9148.00

7. Loans Made  
   - Schedule H, Line 3  
   - $0  
   - Column B, Calendar Year  
   - $0

8. Subtotal Cash Payments  
   - Add Lines 6 + 7  
   - $8233.00  
   - Column B, Calendar Year  
   - $9148.00

9. Accrued Expenses (Unpaid Bills)  
   - Schedule F, Line 3  
   - $-176.00  
   - Column B, Calendar Year  
   - $-940

10. Nonmonetary Adjustment  
    - Schedule C, Line 3  
    - $1854.78  
    - Column B, Calendar Year  
    - $1854.78

11. Total Expenditures Made  
    - Add Lines 8 + 9 + 10  
    - $19911.78  
    - Column B, Calendar Year  
    - $10162.78

### Current Cash Statement

12. Beginning Cash Balance  
    - Previous Summary Page, Line 16  
    - $710.82

13. Cash Receipts  
    - Column A, Line 3 above  
    - $16673.00

14. Miscellaneous Increases to Cash  
    - Schedule I, Line 4  
    - $200.00

15. Cash Payments  
    - Column A, Line 8 above  
    - $8233.00

16. Ending Cash Balance  
    - Add Lines 12 + 13 + 14, then subtract Line 15  
    - $9350.82

### Cash Equivalents and Outstanding Debts

17. Loan Guarantees Received  
    - Schedule B, Part 2  
    - $0

18. Cash Equivalents  
    - See instructions on reverse  
    - $0

19. Outstanding Debts  
    - Add Line 2 + Line 9 in Column B above  
    - $0

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

- **1st through 6/30**  
- **7/1 to Date**

20. Contributions Received  
   - $_____  
   - $_____

21. Expenditures Made  
   - $_____  
   - $_____
Schedule B – Part 1

 Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Flynn for Mayor 2014

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn 211 North F Street Oxnard CA 93030</td>
<td>Mayor of Oxnard and high school teacher-Oxnard Union High School District</td>
<td>$1723.00</td>
<td>0</td>
<td>0</td>
<td>11/5/2014</td>
<td>0</td>
<td>$1723.00</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>Tim Flynn 211 North F Street Oxnard CA 93030</td>
<td>Mayor of Oxnard and high school teacher-Oxnard Union High School District</td>
<td>$1055.00</td>
<td>0</td>
<td>0</td>
<td>11/5/2014</td>
<td>0</td>
<td>$1055.00</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>Tim Flynn 211 North F Street Oxnard CA 93030</td>
<td>Mayor of Oxnard and high school teacher-Oxnard Union High School District</td>
<td>$1500.00</td>
<td>0</td>
<td>0</td>
<td>11/5/2014</td>
<td>0</td>
<td>$1500.00</td>
<td>CALENDAR YEAR</td>
</tr>
</tbody>
</table>

SUBTOTALS $ 1500.00 $ 0 $ 4278.00 $ 0

Schedule B Summary

1. Loans received this period .......................................................... $ 1500.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .............................................. $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) .............. NET $ 1500.00
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule E

### Payments Made

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

<table>
<thead>
<tr>
<th>Statement covers period from: Jul 1, 2014</th>
<th>through: Sep 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA FORM 460</td>
<td>Page ___ of ___</td>
</tr>
</tbody>
</table>

**NAME OF FILER**

Tim Flynn for Mayor 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **RLS** candidate filing/ballot fees
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **RRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRB** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Oxnard 300 W 3rd St, Oxnard CA 93030</td>
<td>FIL</td>
<td></td>
<td>1300.00</td>
</tr>
<tr>
<td>Fausset Printing 1799 Eastman Ave, Ventura CA 93003</td>
<td>LIT</td>
<td></td>
<td>637.00</td>
</tr>
<tr>
<td>Karen Marta 135 N F St, Oxnard CA 93030</td>
<td>FND</td>
<td></td>
<td>355.12</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| SUBTOTAL $ | 2292.12 |

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 7974.42
2. Unitemized payments made this period of under $100 $ 258.58
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $ 8233.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule E  
(Continuation Sheet)  
Payments Made

NAME OF FILER
Tim Flynn for Mayor 2014

STATEMENT COVERS PERIOD
from __ Jul 1, 2014 __
through __ Sep 30, 2014 __

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>A T &amp; T</td>
<td>OFC</td>
<td>176.00</td>
<td></td>
</tr>
<tr>
<td>P O Box 5025, Carol Stream, IL 60197-5025</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank of America</td>
<td>OFC</td>
<td>116.00</td>
<td></td>
</tr>
<tr>
<td>1855 N Oxnard Blvd, Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>FND</td>
<td>185.74</td>
<td></td>
</tr>
<tr>
<td>2850 N Oxnard Blvd, Oxnard, CA 93036</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amigo Party Rental</td>
<td>FND</td>
<td>170.00</td>
<td></td>
</tr>
<tr>
<td>6250 Inez St #10, Ventura, CA 93003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amex</td>
<td></td>
<td>Paid in error - see Schedule I</td>
<td></td>
</tr>
<tr>
<td>P O Box 6940</td>
<td></td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td>The Lakes NV 88901</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 847.74
### Schedule F
Accrued Expenses (Unpaid Bills)

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

**Statement covers period**
from Jul 1, 2014
through Sep 30, 2014

**NAME OF FILER**
Tim Flynn for Mayor 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>RIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>RND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>INDI</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEO</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRN</td>
<td>press releases</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers’ salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/spONS</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF CREDITOR**
*(IF COMMITTEE, ALSO ENTER I.D. NUMBER)*

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON D)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATandT Universal Card</td>
<td>LIT</td>
<td>673.45</td>
<td>0</td>
<td>176.00</td>
<td>497.45</td>
</tr>
<tr>
<td>P O Box 6940</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Lakes NV 88901-6940</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominick's Italian Restaurant</td>
<td>MTG</td>
<td>200.00</td>
<td>0</td>
<td>0</td>
<td>200.00</td>
</tr>
<tr>
<td>477 N Oxnard Blvd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard CA 93030</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS**

- **$ 873.45**
- **$ 0**
- **$ 176.00**
- **$ 697.45**

**Schedule F Summary**

1. **Total accrued expenses incurred this period.** (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)

   **INCURRED TOTALS $ 0**

2. **Total accrued expenses paid this period.** (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)

   **PAID TOTALS $ 176.00**

3. **Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)**

   **NET $ -176.00**

_FPPC Form 460 (January/05)_
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)