Statement of Organization Recipient Committee

Statement Type  ☑ Amendment  ☐ Initial
Not yet qualified  ☐ or  ☑ Amendment
List I.D. number:  # 1311191

Date qualified as committee  08/08/2008
Date qualified as committee (if applicable)  
Date of Termination  

1. Committee Information

**NAME OF COMMITTEE**
Tim Flynn for Mayor 2016

**STREET ADDRESS**
211 N F St

**CITY**
Oxnard

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

**MAILING ADDRESS (IF DIFFERENT)**

**FAX/EMAIL ADDRESS**
timbflynn@gmail.com

**COUNTY OF DOMICILE**
Ventura

**JURISDICTION WHERE COMMITTEE IS ACTIVE**
City of Oxnard

2. Treasurer and Other Principal Officers

**NAME OF TREASURER**
Diane I Flynn

**STREET ADDRESS**
234 N L St

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

**NAME OF ASSISTANT TREASURER, IF ANY**

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

**CITY STATE ZIP CODE AREA CODE/PHONE**

**NAME OF PRINCIPAL OFFICER(S)**

**STREET ADDRESS (IF 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 08/11/2016
By Tim Flynn

Executed on 08/11/2016
By Tim Flynn

Executed on  
By  

Executed on  
By  

Executed on  
By  

FPPC Form 410 (Jan/2016)
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 2016

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

NAME OF FINANCIAL INSTITUTION
Bank of America-Oxnard Main

AREA CODE/PHONE
(805)258-4508

BANK ACCOUNT NUMBER
18024-67829

ADDRESS
1855 N Oxnard Blvd

CITY
Oxnard

STATE
CA

ZIP CODE
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 PROONENT
Timothy B Flynn

ELECTIVE OFFICE SOUGHT OR HELD
Mayor - City of Oxnard

(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION
2016

PARTY
☐ 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

SUPPORT

OPPOSE

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INSTRUCTIONS ON REVERSE

Tim Flynn for Mayor 2016

4. Type of Committee (Continued)

[ ] General Purpose Committee  Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee  ☐ COUNTY Committee  ☐ STATE Committee

Provide brief description of activity

Sponsored Committee: List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>Name of Sponsor</th>
<th>Industry Group or Affiliation of Sponsor</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>No. and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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[ ] Small Contributor Committee  [ ] Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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