

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

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
AUG 31 2016
CALIFORNIA FORM 410
 For Official Use Only
 SEP 14 2016
0829

1. Committee Information

NAME OF COMMITTEE
Tim Flynn for Mayor 2016
 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 City of Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
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 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

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 *Diane I Flynn*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 08/11/2016 By *Timothy Flynn*
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Tim Flynn for Mayor 2016

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-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 PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|---|
| Timothy B Flynn | Mayor - City of Oxnard | 2016 | <input checked="" type="checkbox"/> Nonpartisan |
| | | | <input 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"/> |

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
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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.

| NAME OF SPONSOR | | INDUSTRY GROUP OR AFFILIATION OF SPONSOR | | |
|-----------------|----------------|--|-------|----------|
| STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE |
| | | | | |

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.