

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
Received
Oxnard City Clerk

CALIFORNIA
FORM
460

Page 1 of 3

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Jul 1 2016
through Sep 24 2016

Date of election if applicable:
(Month, Day, Year) 2016 OCT 26 PM 4: 56
Nov 8 2016

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
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Schedule F Correction
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Tim Flynn for Mayor I.D. NUMBER 1311191

Treasurer(s)

NAME OF TREASURER Diane I Flynn
MAILING ADDRESS 234 N L St

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) NO. AND STREET OR P.O. BOX

CITY Oxnard STATE CA ZIP CODE 93030 AREA CODE/PHONE 805-486-8976
MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
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 Oct 26 2016 Date

Executed on Oct 26 2016 Date

Executed on _____ Date

Executed on _____ Date

By Diane I Flynn
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Tim Flynn for Mayor 2016

Statement covers period
from Jul 1 2016 through Sep 24 2016

CALIFORNIA FORM 460

I.D. NUMBER
1311191

Page 2 of 3

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 17114.50	18943.50
2. Loans Received	Schedule B, Line 3 (800)	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 16314.50	18943.50
4. Nonmonetary Contributions	Schedule C, Line 3 5671.77	5671.77
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 21986.27	24615.27

Expenditures Made

6. Payments Made	Schedule E, Line 4 8460.97	9114.97
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 8460.97	9114.97
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 3028.99	3028.99
10. Nonmonetary Adjustment	Schedule G, Line 3 5671.77	5671.77
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 17161.73	17815.73

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 2360.04	
13. Cash Receipts	Column A, Line 3 above 16314.50	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 7.12	
15. Cash Payments	Column A, Line 8 above 8460.97	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 10226.69	

If this is a termination statement, Line 16 must be zero.

LOAN GUARANTEES RECEIVED

Schedule B, Part 2
0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents: See instructions on reverse \$ na
19. Outstanding Debts: Add Line 2 + Line 9 in Column B above \$

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

20. Contributions Received	1/1 through 6/30 na	7/1 to Date na
21. Expenditures Made	na	na

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
	/ /	\$ na
	/ /	\$ na

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tim Flynn for Mayor 2016

Statement covers period from <u>Jul 1 2016</u> through <u>Sep 24 2016</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>3</u>	I.D. NUMBER 1311191

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Oxnard Historic Farm Park Foundation 691 N Rice Avenue Oxnard CA 93030	FND deposit		550	0	550	0
COGS South Signs 3309 S Main St Santa Ana CA 92707	outdoor advertising		0	3033.60	0	3033.60
Timothy B Flynn 211 N F St Oxnard CA 93030	wood and screws for signs		0	545.39	0	545.39
SUBTOTALS \$			550 \$	3578.99 \$	550 \$	3578.99

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

Schedule F Summary

- 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 \$ 3578.99**
- 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 \$ 550**
- Net change this period. (Subtract line 2 from line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 3028.99**