### Statement of Organization

**Recipient Committee**

**Statement Type**
- [] Initial
- [] Amendment
- [ ] Termination – See Part 5

**Date qualified as committee**
- [ ]

**Date of termination**
- [ ]

### Committee Information

<table>
<thead>
<tr>
<th>Name of Committee</th>
<th>I.D. Number (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defeat the Recall Support Mayor Flynn 2018</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address (No P.O. Box)**
- 211 N F St

**City**
- Oxnard

**State**
- CA

**ZIP Code**
- 93030

**Area Code/Phone**
- 805-486-8976

**E-mail Address (Required) / Fax (optional)**
- timbflynn@gmail.com

**County of Domicile**
- Ventura

**Jurisdiction where Committee is active**
- City of Oxnard

### Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>Name of Treasurer</th>
<th>Street Address (No P.O. Box)</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>Area Code/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane I Flynn</td>
<td>234 N L St</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td>805-486-8976</td>
</tr>
</tbody>
</table>

**Name of Assistant Treasurer, if any**

**Street Address (No P.O. Box)**

**City**

**State**

**ZIP Code**

**Area Code/Phone**

**Name of Principal Officers**

<table>
<thead>
<tr>
<th>Name of Principal Officer</th>
<th>Street Address (No P.O. Box)</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>Area Code/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timothy B Flynn</td>
<td>211 N F St</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td>805-340-1922</td>
</tr>
</tbody>
</table>

### 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 February 28, 2018**

**By**

**Signature of Treasurer or Assistant Treasurer**

**Executed on February 28, 2018**

**By**

**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**

FPCC Form 410 (February/2018)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
# Statement of Organization
## Recipient Committee

INSTRUCTIONS ON REVERSE

**COMMITTEE NAME**
Debate the Recall Support Mayor Flynn 2018

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>805-288-4157</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1855 N Oxnard Bl</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

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." Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn</td>
<td>Mayor, City of Oxnard</td>
<td>2018</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S)/JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
</table>

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