

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of termination

Received  
Oxnard City Clerk

2018 MAR -1 AM 11:18

**CALIFORNIA FORM 410**

For Official Use Only

1. Committee Information	I.D. Number <i>(if applicable)</i>	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE  
**Defeat the Recall Support Mayor Flynn 2018**

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STREET ADDRESS (NO P.O. BOX)  
**211 N F St**

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CITY <b>Oxnard</b>	STATE <b>CA</b>	ZIP CODE <b>93030</b>	AREA CODE/PHONE <b>805-486-8976</b>
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MAILING ADDRESS (IF DIFFERENT)

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E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
**timbflynn@gmail.com**

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COUNTY OF DOMICILE <b>Ventura</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Oxnard</b>
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NAME OF TREASURER  
**Diane I Flynn**

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STREET ADDRESS (NO P.O. BOX)  
**234 N L St**

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CITY <b>Oxnard</b>	STATE <b>CA</b>	ZIP CODE <b>93030</b>	AREA CODE/PHONE <b>805-486-8976</b>
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NAME OF ASSISTANT TREASURER, IF ANY

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STREET ADDRESS (NO P.O. BOX)

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)  
**Timothy B Flynn**

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STREET ADDRESS (NO P.O. BOX)  
**211 N F St**

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CITY <b>Oxnard</b>	STATE <b>CA</b>	ZIP CODE <b>93030</b>	AREA CODE/PHONE <b>805-340-1922</b>
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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 February 28, 2018 By *Diane I. Flynn*  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on February 28, 2018 By *Timothy B 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

Page 2

I.D. NUMBER

COMMITTEE NAME

Defeat the Recall Support Mayor Flynn 2018

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE 805-288-4157	BANK ACCOUNT NUMBER		
ADDRESS 1855 N Oxnard Bl	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." 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Tim Flynn	Mayor, City of Oxnard	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>