

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee
 2 / 28 / 2018 Date qualified as committee _____ / _____ / _____ Date of termination
 2 / 28 / 2018

Received Date Stamp
 Oxnard City Clerk
 2018 MAR 22 PM 4:56

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information I.D. Number (if applicable) not yet received **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Defeat the Recall Support Mayor Flynn 2018

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

CITY STATE ZIP CODE AREA CODE/PHONE
 Oxnard CA 93030 805-340-1922

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Ventura City of Oxnard

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)
 Timothy B Flynn

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

CITY STATE ZIP CODE AREA CODE/PHONE
 Oxnard CA 93030 805-340-1922

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 Mar 22 2018 By Diane I Flynn SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on Mar 22 2018 By Tim Flynn 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

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INSTRUCTIONS ON REVERSE

Page 2
I.D. NUMBER
not yet received

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 Redacted
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"/>