Recipient Committee
Campaign Statement
Cover Page

Statement covers period from Jan 1 2018 through Mar 17 2018

Date of election if applicable: May 1 2018

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [x] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [x] Recall (Also Complete Part B)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored (Also Complete Part B)
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [x] Preelection Statement
   - [x] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Defeat the Recall Support Tim Flynn 2018

   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

   NAME OF TREASURER
   Diane I Flynn

   MAILING ADDRESS
   234 N L St
   CITY: Oxnard STATE: CA ZIP CODE: 93030 AREA CODE/PHONE: 805-486-8976

   NAME OF ASSISTANT TREASURER, IF ANY

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

   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 Mar 22 2018
   By

   Executed on Mar 22 2018
   By

   Executed on
   By

   Executed on
   By

   Executed on
   By

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Tim Flynn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor City of Oxnard

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
211 N F St Oxnard CA 93030

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER
Oxnard United Against the Recall 1397683

NAME OF TREASURER CONTROLLED COMMITTEE?
Jack Villa YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
619 S G St CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 805-751-6268

COMMITTEE NAME I.D. NUMBER
Tim Flynn for Mayor 2018 1311191

NAME OF TREASURER CONTROLLED COMMITTEE?
Diane I Flynn YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
211 N F St CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 805-340-1922

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$350</td>
<td>$350</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$7200</td>
<td>$7200</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$7550</td>
<td>$7550</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$36.13</td>
<td>$36.13</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$7586.13 $7586.13</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$7100</td>
<td>$7100</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$7100</td>
<td>$7100</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$36.13</td>
<td>$36.13</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$7136.13 $7136.13</td>
<td></td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$0</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$7586.13</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$7136.13</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$450</td>
</tr>
</tbody>
</table>

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

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td>$</td>
</tr>
<tr>
<td>Date of Election (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

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).

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding Debts</td>
<td>$7200</td>
</tr>
</tbody>
</table>

17. LOAN GUARANTEES RECEIVED: $0

FPPO Form 460 (Jan/2016)
FPPO Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov
### Schedule A
Monetary Contributions Received

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**
Defeat the Recall Support Mayor Flynn

**Statement covers period**
from 1 Jan 2018
go through 17 Mar 2018

**SCHEDULE A**
CALIFORNIA FORM 460

**I.D. NUMBER**
not yet received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (if committee, also enter I.D. number)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (if self-employed, enter name of business)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 3/8/2018      | Diane Delaney
2045 San Sebastian Dr
Oxnard CA 93035                          | ✓ IND
       | Realtor RE/MAX                                                                          | 350               | 350                                                                                           |                                 |
|               | □ COM
□ OTH
□ PTY
□ SCC                     | |
|               | □ IND
□ COM
□ OTH
□ PTY
□ SCC                     | |
|               | □ IND
□ COM
□ OTH
□ PTY
□ SCC                     | |
|               | □ IND
□ COM
□ OTH
□ PTY
□ SCC                     | |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 350

2. Amount received this period – unitemized monetary contributions of less than $100 ................................ $ 0

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ....................... TOTAL $ 350

---

*Contributor Codes
IND – Individual
COM – Recipient Committee
(Other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule B – Part 1
### Loans Received

**SEE INSTRUCTIONS ON REVERSE**

**I.D. NUMBER**

not yet received

### Defeat the Recall Support Mayor Flynn 2018

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn for Mayor 2018</td>
<td>211 N F St, Oxnard CA 93030</td>
<td>$0.00</td>
<td>$1,600</td>
<td>$0</td>
<td>$1,600</td>
<td>2/20/18</td>
<td>$1,600</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>Tim Flynn</td>
<td>teacher, Oxnard Union High School District, Oxnard CA 93030</td>
<td>$0.00</td>
<td>$3,000</td>
<td>$0</td>
<td>$3,000</td>
<td>2/28/18</td>
<td>$3,000</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>Tim Flynn for Mayor 2018</td>
<td>211 N F St, Oxnard CA 93030</td>
<td>$1,600</td>
<td>$2,600</td>
<td>$0</td>
<td>$2,600</td>
<td>2/28/18</td>
<td>$2,600</td>
<td>CALENDAR YEAR</td>
</tr>
</tbody>
</table>

**SUBTOTALS $ 7,200 $ 0 $ 7,200 $ 0**

### Schedule B Summary

1. Loans received this period.
   (Total Column (b) plus unitemized loans of less than $100.)
   $ 7,200

2. Loans paid or forgiven this period.
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
   $ 0

3. Net change this period. (Subtract Line 2 from Line 1.)
   NET $ 7,200
   (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

**Contributor Codes**
- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule C
### Nonmonetary Contributions Received

**Amounts may be rounded to whole dollars.**

**Statement covers period**
from [ ]
through [ ]

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>not yet received</th>
</tr>
</thead>
</table>

### SEE INSTRUCTIONS ON REVERSE

### NAME OF FILER

**Defeat the Recall Support Mayor Flynn**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Attach additional information on appropriately labeled continuation sheets.*

### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) .................................................. $ .................. 

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .................. $ .................. 36.13

3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .................... TOTAL $ .................. 36.13

### Contributor Codes

- **IND** – Individual
- **COM** – Recipient Committee
  (other than PTY or SCC)
- **OTH** – Other (e.g., business entity)
  **PTY** – Political Party
- **SCC** – Small Contributor Committee

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FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Schedule E**  
**Payments Made**

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Oxnard</td>
<td></td>
<td>ballot statement</td>
<td>1600</td>
</tr>
<tr>
<td>300 W 3rd St</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FM 3</td>
<td></td>
<td>campaign consultant</td>
<td>5500</td>
</tr>
<tr>
<td>12100 Wilshire Bl</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles CA 90025</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 7100

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 7100
2. Unitemized payments made this period of under $100 .......................................................... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......................................................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .......................................................... TOTAL $ 7100

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www.fppc.ca.gov