Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5

Date qualified as committee: 2/28/2018
Date of termination:

1. Committee Information
I.D. Number
☐ not yet received

NAME OF COMMITTEE
Defeat the Recall Support Mayor 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

NAME OF TREASURER
Diane I Flynn

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

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

NAME OF ASSISTANT TREASURER, IF ANY

NAME OF PRINCIPAL OFFICER(S)
Timothy B Flynn

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

CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
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 April 2, 2018
By

Signature of Treasurer or Assistant Treasurer

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### 4. Type of Committee

- **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 PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>CHECK ONE</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn</td>
<td>Mayor, City of Oxnard</td>
<td>2018</td>
<td>☑️</td>
<td>Nonpartisan ☐ Partisan</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>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<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>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall Tim Flynn</td>
<td>Mayor, City of Oxnard</td>
<td></td>
<td>☑️</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>