# Statement of Organization

**Recipient Committee**

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

- [ ] Not yet qualified
- [ ] Date qualified as committee

<table>
<thead>
<tr>
<th>Date qualified as committee</th>
<th>Date of termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

## 1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>(If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NAME OF COMMITTEE
Flynn vs. Starr Legal Defense Fund

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

### CITY
Oxnard

### STATE
CA

### ZIP CODE
93030

### AREA CODE/PHONE
805-340-1922

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

### COUNTY OF DOMICILE
Ventura

### JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Oxnard, Ventura County, CA

### 2. Treasurer and Other Principal Officers

### 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
805-48-8976

### NAME OF ASSISTANT TREASURER, IF ANY

### STREET ADDRESS (NO P.O. BOX)

### CITY

### STATE

### ZIP CODE

### AREA CODE/PHONE

### NAME OF PRINCIPAL OFFICER(S)

### STREET ADDRESS (NO P.O. BOX)

### CITY

### STATE

### ZIP CODE

### AREA CODE/PHONE

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### Attach additional information on appropriately labeled continuation sheets.

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### 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** 16 Jul 2018  
**By** [Signature]

**Executed on** 16 Jul 2018  
**By** [Signature]

**Executed on**  
**By** [Signature]

**Executed on**  
**By** [Signature]

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[FFPC Form 410 (February/2018)]

FFPC Advice: advice@ffpc.ca.gov (866/275-3772)  
www.ffpc.ca.gov
**Statement of Organization**
**Recipient Committee**

**Committee Name:**
Flynn vs. Starr Legal Defense Fund

- 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 Blvd</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>Check One</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timothy B Flynn</td>
<td>Mayor, City of Oxnard</td>
<td>2018</td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Candidates Name or Measure(s) Full Title (Include Ballot No. or Letter) If a Recall, State “Recall” 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>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
SUMMARY OF ORGANIZATION
Recipient Committee

COMMITTEE NAME
Flynn vs. Starr Legal Defense Fund

4. Type of Committee (Continued)

- General Purpose Committee
  Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
  ☑ CITY Committee ☐ COUNTY Committee ☐ STATE Committee ☐ Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

to raise funds to cover legal expenses created by lawsuits

Sponsored Committee
List additional sponsors on an attachment.

5. Termination Requirements

- By signing the verification, the treasurer, assistant treasurer and/or candidate, officer, or proponent certify that all of the following conditions have been met:
  - This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
    - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
    - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.