Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from Jan 1 2018
through Jun 30 2018

Date of election if applicable:
(Month, Day, Year)
Nov 6 2018

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 6)
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1311191

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Tim Flynn for Mayor 2018

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

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

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

Treasurer(s)

NAME OF TREASURER
Diane L Flynn
MAILING ADDRESS
234 N L St

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

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/EVENTIME

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 17 Jul 2018

By

Signature of Treasurer or Assistant Treasurer

Executed on 17 Jul 2018

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Tim Flynn</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Mayor, City of Oxnard</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>211 N F St</td>
</tr>
<tr>
<td>CITY</td>
<td>Oxnard</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP</td>
<td>93030</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>Defeat the Recall Support Mayor Flynn</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER</td>
<td>140484</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>Diane L Flynn</td>
</tr>
<tr>
<td>CONTROLLED COMMITTEE?</td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>211 N F St</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>Oxnard</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>93030</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>805-340-1922</td>
</tr>
</tbody>
</table>

**6. Primarily Formed Ballot Measure Committee**

| NAME OF BALLOT MEASURE | |
| BALLOT NO. OR LETTER | |
| JURISDICTION | SUPPORT |
| | OPPOSE |

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT | |
| 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
Contributions Received

1. Monetary Contributions
   Schedule A, Line 3
   $0 $0

2. Loans Received
   Schedule B, Line 3
   $3000.00 $3000.00

3. SUBTOTAL CASH CONTRIBUTIONS
   Add Lines 1 + 2
   $3000.00 $3000.00

4. Nonmonetary Contributions
   Schedule C, Line 3
   $0 $0

5. TOTAL CONTRIBUTIONS RECEIVED
   Add Lines 3 + 4
   $3000.00 $3000.00

Expenditures Made

6. Payments Made
   Schedule E, Line 4
   $7731.27 $7731.27

7. Loans Made
   Schedule H, Line 3
   $0 $0

8. SUBTOTAL CASH PAYMENTS
   Add Lines 6 + 7
   $7731.27 $7731.27

9. Accrued Expenses (Unpaid Bills)
   Schedule F, Line 3
   $0 $0

10. Nonmonetary Adjustment
    Schedule C, Line 3
    $0 $0

11. TOTAL EXPENDITURES MADE
    Add Lines 8 + 9 + 10
    $7731.27 $7731.27

Current Cash Statement

12. Beginning Cash Balance
    Previous Summary Page, Line 16
    $4922.07

13. Cash Receipts
    Column A, Line 3 above
    $3000.00

14. Miscellaneous Increases to Cash
    Schedule I, Line 4
    $0

15. Cash Payments
    Column A, Line 9 above
    $7731.27

16. ENDING CASH BALANCE
    Add Lines 12 + 13 + 14, then subtract Line 15
    $190.80

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

17. LOAN GUARANTEES RECEIVED
    Schedule B, Part 2
    $0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    See instructions on reverse
    $0

19. Outstanding Debts
    Add Line 2 + Line 9 in Column B above
    $3000.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received
    $na $na

21. Expenditures Made
    $na $na

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
    (If Subject to Voluntary Expenditure Limit)

    Date of Election
    (mm/dd/yyyy)    Total to Date
    / /    

    / /    

*Amounts in this section may be different from amounts reported in Column B.
### Schedule B – Part 1

**Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from Jan 1 2018 through Jun 30 2018

**CALIFORNIA FORM 460**

**Page 4 of 6**

<table>
<thead>
<tr>
<th>Name of Filer</th>
<th>Tim Flynn for Mayor 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. Number</td>
<td>1311191</td>
</tr>
<tr>
<td>Full Name, Street Address and Zip Code of Lender</td>
<td>Tim Flynn</td>
</tr>
<tr>
<td>Mayor, City of Oxnard Teacher, Oxnard Union High School District</td>
<td></td>
</tr>
<tr>
<td>211 N F St</td>
<td>Oxnard CA 93030</td>
</tr>
<tr>
<td>Ind.</td>
<td>☑</td>
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<table>
<thead>
<tr>
<th>Occupation</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
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<tr>
<td></td>
<td>Mayor, City of Oxnard Teacher, Oxnard Union High School District</td>
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</table>

<table>
<thead>
<tr>
<th>Column (a)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Column (b)</th>
<th>Amount Received This Period</th>
<th>Column (c)</th>
<th>Amount Paid or Forgiven This Period*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>$0 $3000.00</td>
<td>$0 $3000.00</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td>12/31/2018</td>
<td>12/31/2018</td>
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<tr>
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<td></td>
<td>$0 $3000.00</td>
<td>$0 $3000.00</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>12/31/2018</td>
<td>12/31/2018</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Column (d)</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Column (e)</th>
<th>Interest Paid This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>$0 $3000.00</td>
<td>0</td>
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<td>$0 $3000.00</td>
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<td>0%</td>
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</table>

<table>
<thead>
<tr>
<th>Column (f)</th>
<th>Original Amount of Loan</th>
<th>Column (g)</th>
<th>Cumulative Contributions to Date</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>$0 $3000.00</td>
<td>2/21/2018</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule B Summary

1. Loans received this period ................................................................. $3000.00
   (Total Column (b) plus unitemized loans of less than $100.)

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

3. Net change this period. **(Subtract Line 2 from Line 1)**......................... NET $3000.00
   (May be a negative number)

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

**If required.**

---

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 E

**Payments Made**

**NAME OF FILER**
Tim Flynn for Mayor 2018

**Statement covers period**
from Jan 1 2018
through Jun 30 2018

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBR</td>
<td>member communications</td>
<td></td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
<td></td>
</tr>
<tr>
<td>OPC</td>
<td>office expenses</td>
<td></td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
<td></td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
<td></td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
<td></td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
<td></td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
<td></td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
<td></td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
<td></td>
</tr>
<tr>
<td>RDF</td>
<td>returned contributions</td>
<td></td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers’ salaries</td>
<td></td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
<td></td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
<td></td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
<td></td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
<td></td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
<td></td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
<td></td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF PAYEE**

<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>Oxnard Chamber of Commerce 400 E Esplanade Dr #302 Oxnard Ca 93036</td>
<td>MBR</td>
<td>State of the City Address as Mayor and Forum for Special Election Recall</td>
<td>185.00</td>
</tr>
<tr>
<td>Secretary of State 1500 11th Street, Sacramento, CA 95814</td>
<td>MBR</td>
<td>Campaign Committee fees</td>
<td>200.00</td>
</tr>
<tr>
<td>Defeat the Recall Support Mayor Flynn 2018 211 N F St Oxnard CA 93030</td>
<td>TRF</td>
<td></td>
<td>5600.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $ 5985.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 7585.00
2. Unitemized payments made this period of under $100. $ 146.27
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 $ 7731.27

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule E (Continuation Sheet)

**Payments Made**

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

Tim Flynn for Mayor 2018

Statement covers period from Jan 1 2018 through Jun 30 2018

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL Lw. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Oxnard</td>
</tr>
<tr>
<td>300 W Third St</td>
</tr>
<tr>
<td>Oxnard CA 93030</td>
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</table>

<table>
<thead>
<tr>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Candidate Statement of Qualifications</td>
<td>1600.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 1600.00