**497 Contribution Report**

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

**AREA CODE/PHONE NUMBER**
805-340-1922

**I.D. NUMBER (if applicable)**
1311191

**STREET ADDRESS**
211 N F St

**CITY**
Oxnard

**STATE**
CA

**ZIP CODE**
93030

**Date of Filing**
9/24/2018

**Report No.**
1

**Date Start**
SEP 24  PM 3:42

**CALIFORNIA FORM**
497

**No. of Pages**
1

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### 1. Contribution(s) Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/22/2018</td>
<td>John and Diane Flynn 234 N L St Oxnard CA 93030</td>
<td>☑ IND</td>
<td>retired</td>
<td>1000.00</td>
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<td>☐ Check if Loan</td>
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<td>☐ Check if Loan</td>
<td>Provide interest rate</td>
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<td>☐ COM</td>
<td>☐ OTH</td>
<td>☐ PTY</td>
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**Reason for Amendment:**

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**CALIFORNIA**

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**FPPC Form 497 (Jul/2016)**

**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)

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