Recipient Committee
Campaign Statement
Cover Page

Statement covers period from Jul 1 2018 through Sep 22 2018

Date of election if applicable: (Month, Day, Year) SEP 27 PM 4:14

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

2. Type of Statement:
   - Preselection 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 STATE ZIP CODE AREA CODE/PHONE
   Oxnard CA 93030 805-340-1922

   MAILING ADDRESS
   234 N L St

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

   NAME OF ASSISTANT TREASURER, IF ANY

   MAILING ADDRESS

   CITY STATE ZIP CODE AREA CODE/PHONE

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 Sep 26 2018

By Signature of Treasurer

Executed on Sep 26 2018

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

Executed on

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC 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>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn</td>
</tr>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>Mayor, City of Oxnard</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
</tr>
<tr>
<td>211 N F St</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>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defeat the Recall Support Mayor Flynn</td>
<td>1404848</td>
</tr>
<tr>
<td>NAME OF TREASurer</td>
<td></td>
</tr>
<tr>
<td>Diane I Flynn</td>
<td></td>
</tr>
<tr>
<td>COMMITTEE ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>211 N F St</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Oxnard</td>
<td>CA</td>
</tr>
</tbody>
</table>

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>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flynn vs Starr Legal Defense Fund</td>
<td>SUPPORT</td>
<td></td>
</tr>
<tr>
<td>NAME OF TREASurer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diane I Flynn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMITTEE ADDRESS (NO P.O. BOX)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>211 N F St</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
**Campaign Disclosure Statement Summary Page**

**Contributions Received**

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Schedule/Line</th>
<th>Column A (Total this period)</th>
<th>Column B (Total to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$2200</td>
<td>$5200</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0</td>
<td>$3000</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$2200</td>
<td>$8200</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$2200</td>
<td>$8200</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Schedule/Line</th>
<th>Column A</th>
<th>Column B (Total to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$5475.30</td>
<td>$13206.57</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$5475.30</td>
<td>$13206.57</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$5475.30</td>
<td>$13206.57</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Cash Component</th>
<th>Schedule/Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td></td>
<td>$190.80</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3</td>
<td>$2200.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$5600.00</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8</td>
<td>$5475.30</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$2515.50</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>Expenditure Type</th>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td>/ / /</td>
<td>$ na</td>
</tr>
</tbody>
</table>

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

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Cash Component</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>$0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>$3000.00</td>
</tr>
</tbody>
</table>

**Summary Page**

Statement covers period
from Jul 1 2018 through Sep 22 2018

**Form 460**

FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
<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 THIS PERIOD</th>
<th>CUMULATIVE TO DATE</th>
<th>PER ELECTION TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/6/2018</td>
<td>Janice McCormick/Michael Stubblefield</td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>both retired</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>9/12/2018</td>
<td>Lauraine Effress</td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>retired</td>
<td>150</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>9/17/2018</td>
<td>Eloise Cohen</td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>retired</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9/17/2018</td>
<td>Charles Cohen</td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>attorney Cohen Begun &amp; Deck</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9/18/2018</td>
<td>Maria C Ramirez</td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>self-employed attorney</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SUBTOTAL</td>
<td></td>
<td></td>
<td>700</td>
<td>700</td>
<td></td>
</tr>
</tbody>
</table>

Schedule A Summary
1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ............................................................... $ 2200
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 $ 2200

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
# Schedule A (Continuation Sheet)
## Monetary Contributions Received

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

<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>
| 9/22/2018     | Jon D Flynn  
2783 Marty Dr  
Sacramento CA 95818 | ☑ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | Director, Olive Center  
University of California  
Davis | 500 | 500 |  |
| 9/22/2018     | Diane & John Flynn  
234 N L St  
Oxnard CA 93030 | ☑ IND  
□ COM  
□ OTH  
□ PTY  
□ SCC | retired | 1000 | 1000 |  |

**SUBTOTAL $** 1500

*Contributor Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IND</td>
<td>Individual</td>
</tr>
<tr>
<td>COM</td>
<td>Recipient Committee (other than PTY or SCC)</td>
</tr>
<tr>
<td>OTH</td>
<td>Other (e.g., business entity)</td>
</tr>
<tr>
<td>PTY</td>
<td>Political Party</td>
</tr>
<tr>
<td>SCC</td>
<td>Small Contributor Committee</td>
</tr>
</tbody>
</table>

---

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

**Loans Received**

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

**Statement covers period**

- **from** Jul 1 2018
- **through** Sep 22 2018

**CALIFORNIA FORM 460**

**Page 6 of 9**

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn</td>
<td>Mayor, City of Oxnard</td>
<td>$0</td>
<td>$0</td>
<td>$3000</td>
<td>$0</td>
<td>0%</td>
<td>$3000</td>
<td>$3000</td>
</tr>
<tr>
<td>211 N F St</td>
<td>Oxnard CA 93030</td>
<td></td>
<td></td>
<td></td>
<td>12/31/2018</td>
<td>DATE DUE</td>
<td>$0</td>
<td>2/21/2018</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period ...........................................$0
   (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 $0
   Enter the net here and on the Summary Page, Column A, Line 2.

---

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

**Contributor Codes**

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

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www.fppc.ca.gov
Schedule E Payments Made

NAME OF FILER
Tim Flynn for Mayor 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 t.v. 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)

NAME AND ADDRESS OF PAYEE
(If COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIT</td>
<td>Fausset Printing 1799 Eastman Av Ventura CA 93003</td>
<td>3291.77</td>
</tr>
<tr>
<td>LIT</td>
<td>B &amp; B Services 2401 Eastman Av Oxnard CA 93030</td>
<td>271.87</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 3563.64

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 5141.64
2. Unitemized payments made this period of under $100 ................................................................. $ 333.66
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 $ 5475.30

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov
# Schedule E (Continuation Sheet)
## Payments Made

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

**I.D. NUMBER**
1311191

**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** t.v. 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>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationbuilder</td>
<td>WEB</td>
<td></td>
<td>228.00</td>
</tr>
<tr>
<td>520 S Grand Ave 2nd floor,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles CA 90071</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard City Clerk</td>
<td>FIL</td>
<td></td>
<td>1350.00</td>
</tr>
<tr>
<td>300 W Third St</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard CA 93030</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 $**
1578.00

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**Statement covers period from**
Jul 1 2018

**through**
Sep 22 2018

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FPFC Form 460 (Jan/2016)
FPFC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule I
### Miscellaneous Increases to Cash

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

**DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH**
--- | --- | --- | ---
7/18/0218 | Defeat the Recall Support Mayor Flynn 211 N F St Oxnard CA 93030 | TRF | 5600.00

---

*Attach additional information on appropriately labeled continuation sheets.*

### Schedule I Summary

| Itemized increases to cash this period. | $5600.00 |
| Unitemized increases to cash of under $100 this period. | $0 |
| Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | $0 |
| Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL $5600.00 |