497 Contribution Report

NAME OF FILER
Tim Flynn for Mayor 2018

AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)
805-340-1922 1311191

STREET ADDRESS
211 N F St

CITY STATE ZIP CODE
Oxnard CA 93030

Date of This Filing 23 Oct 2018

Report No. 2

□ Amendment to Report No. ________
(explain below)

No. of Pages 1

1. Contribution(s) Received

<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 ⁴</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>10/22/2018</td>
<td>John K and Diane I Flynn 234 N L St Oxnard CA 93030</td>
<td>X IND</td>
<td>both retired</td>
<td>1000.00</td>
</tr>
</tbody>
</table>

**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

Reason for Amendment: ___________________________________________________________

FPPC Form 497 (Jul/2016)
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