Recipient Committee
Campaign Statement
Cover Page

Statement covers period from Sep 23 2018 through Oct 20 2018
Date of election if applicable: Nov 6 2018

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [X] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] 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)
   - [ ] Quarterly Statement
   - [ ] Semi-annual Statement
   - [ ] Special Odd-Year Report
   - [X] Preelection Statement
   - [ ] Amendment (Explain below)

2. Type of Statement:
   - Carryover correction on Summary Page, Column B
   - Arithmetic correction Sched A

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/PHONE
   805-340-1922

   MAILING ADDRESS
   234 N L St
   CITY
   Oxnard
   STATE
   CA
   ZIP CODE
   93030
   AREA CODE/PHONE
   805-486-8976

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 Oct 29 2018
   By
   Date

   Executed on Oct 29 2018
   By
   Date

   Executed on
   By
   Date

   Executed on
   By
   Date

Treasurer(s)
NAME OF TREASURER
Diane I Flynn
MAILING ADDRESS
234 N L St
CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
805-486-8976

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
805-486-8976

OPTIONAL: FAX / E-MAIL ADDRESS

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

NAME OF OFFICEHOLDER OR CANDIDATE
Tim Flynn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Oxnard

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
211 N F St Oxnard CA 93030

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.

COMMITTEE NAME I.D. NUMBER
Flynn vs Starr Legal Defense Fund 1412553

NAME OF TREASURER CONTROLLED COMMITTEE?
Diane I Flynn Yes No

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

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.

COMMITTEE NAME I.D. NUMBER
Defeat the Recall Support Mayor Flynn 1404848

NAME OF TREASURER CONTROLLED COMMITTEE?
Diane I Flynn Yes No

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

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

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$10466.00</td>
<td>$12666.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
<td>$3000.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$10466.00</td>
<td>$15666.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$886.31</td>
<td>$886.31</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$11,352.31</td>
<td>$16552.31</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$10443.14</td>
<td>$23649.71</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$10443.14</td>
<td>$23649.71</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$886.31</td>
<td>$886.31</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$11329.45</td>
<td>$24536.02</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$2515.50</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$10466.31</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$62.18</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$10443.14</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$2600.89</td>
</tr>
</tbody>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$3000</td>
</tr>
</tbody>
</table>

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

- **20. Contributions Received**: $na
- **21. Expenditures Made**: $na

### Expenditure Limit Summary for State Candidates

- **22. Cumulative Expenditures Made**
  - Date of Election: mm/dd/yyyy
  - Total to Date: $na

*Amounts in this section may be different from amounts reported in Column B.
### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) ................................................................. $ 7,890

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................ $ 2,576

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ......................... TOTAL $ 10,466

---

**Schedule A**  
Monetary Contributions Received

Amounts may be rounded to whole dollars.

<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>
<tbody>
<tr>
<td></td>
<td></td>
<td>IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $**  

*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