

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input checked="" type="checkbox"/> Termination - See Part 5 Date of termination 11 / 05 / 2018
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Date Stamp: Received Oxnard City O  
 2018 NOV 13 PM 12:04

**CALIFORNIA FORM 410**  
 For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number</b> <i>(if applicable)</i>	1404848	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
 Defeat the Recall Support Mayor Flynn

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

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

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER  
 Diane I Flynn

STREET ADDRESS (NO P.O. BOX)  
 234 N L St

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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	11/12/2018	By	<i>Diane I Flynn</i>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	11/12/2018	By	<i>Tommy Flynn</i>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT