**Statement of Organization**

**Recipient Committee**

**Statement Type**
- [ ] Initial
  - Not yet qualified OR Date qualification threshold met
- [ ] Amendment
  - Date qualification threshold met
- [x] Termination – See Part 5
  - Date of termination: 11/05/2018

1. **Committee Information**
   - **I.D. Number (If applicable):** 1404848
   - **NAME OF COMMITTEE:** Defeat the Recall Support Mayor Flynn
   - **STREET ADDRESS (NO P.O. BOX):** 211 N F St
   - **CITY:** Oxnard
   - **STATE:** CA
   - **ZIP CODE:** 93030
   - **AREA CODE/PHONE:** 805-340-1922

2. **Treasurer and Other Principal Officers**
   - **NAME OF TREASURER:** Diane I Flynn
   - **STREET ADDRESS (NO P.O. BOX):** 234 N L St
     - **CITY:** Oxnard
     - **STATE:** CA
     - **ZIP CODE:** 93030
     - **AREA CODE/PHONE:** 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 OFFICERS:**
   - **STREET ADDRESS (NO P.O. BOX):**
     - **CITY:**
     - **STATE:**
     - **ZIP CODE:**
     - **AREA CODE/PHONE:**

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**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**
   - **DATE**
   - **By:** Diane I Flynn
   - **SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

   **Executed on:**
   - **11/12/2018**
   - **DATE**
   - **By:**
   - **SIGNATURE OF CONTROLLING OFFICER/holder, CANDIDATE, OR STATE MEASURE PROponent**

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FPPC Form 410 (August/2018)

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