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:
- [ ] Offic同一私家车
reaholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - [ ] Sponsored
  - [ ] Small Contributor Committee
  - [ ] Primarily Formed Candidate/Offic同一私家车 Committee
    (Also Complete Part 7)
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored
    (Also Complete Part 6)

2. Type of Statement:
- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
  Schedule A omitted

3. Committee Information

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):
Flynn vs Starr Legal Defense Fund

I.D. NUMBER: 1412553

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 (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

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

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:

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: Jan 30, 2019
Date: 

By: 
Signature of Treasurer or Assistant Treasurer

Executed on: Jan 30, 2019
Date: 

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

Executed on: 
Date: 

By: 
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on: 
Date: 

By: 
Signature of Controlling Officerholder, 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

**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)**

211 N F St

**CITY**

Oxnard

**STATE**

CA

**ZIP**

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.*

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn for Mayor</td>
<td>1311191</td>
</tr>
</tbody>
</table>

**NAME OF TREASURER**

Diane I Flynn

**CONTROLLING COMMITTEE?**

☑ YES □ NO

**COMMITTEE ADDRESS**

211 N F St

**CITY**

Oxnard

**STATE**

CA

**ZIP**

93030

**AREA CODE/PHONE**

805-340-1922

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**


**BALLOT NO. OR LETTER**


**JURISDICTION**


☑ SUPPORT □ OPPOSE

**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.*

<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLING COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane I Flynn</td>
<td>☑ YES □ NO</td>
</tr>
</tbody>
</table>

**COMMITTEE ADDRESS**

211 N F St

**CITY**

Oxnard

**STATE**

CA

**ZIP**

93040

**AREA CODE/PHONE**

805-340-1922

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Attach continuation sheets if necessary
## Schedule A
Monetary Contributions Received

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

**Statement covers period**

from Sep 23 2018

through Oct 20 2018

**NAME OF FILER**
Flynt vs Starr Legal Defense Fund

**ID. NUMBER**
1404848

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND CITY OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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>10/20/18</td>
<td>Grace Nishihara 810 Narrows Ct Oxnard CA 93035</td>
<td>☑ IND</td>
<td>retired</td>
<td>100</td>
<td>300</td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .................................................. $ 100

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 $ 100**

*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

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