

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Received  
Date Stamp  
Oxnard City Cle

**CALIFORNIA FORM 460**

Page 1 of 9

For Official Use Only

Statement covers period  
from Oct 21 2018  
through Dec 31 2018

Date of election if applicable: 2019 JAN 30 AM 11:48  
(Month, Day, Year)  
May 1 2018

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.**

- 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)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1412553

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

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

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

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Diane I Flynn

MAILING ADDRESS  
234 N L St

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 Diane I. Flynn  
Signature of Treasurer or Assistant Treasurer

Executed on Jan 30, 2019  
Date

By Timothy Flynn  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**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 Tim Flynn for Mayor	I.D. NUMBER 1311191
---------------------------------------	------------------------

NAME OF TREASURER Diane I Flynn	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------	--

COMMITTEE ADDRESS 211 N F St	STREET ADDRESS (NO P.O. BOX)		
CITY Oxnard	STATE CA	ZIP CODE 93030	AREA CODE/PHONE 805-340-1922

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Oct 21 2018</u>	<b>CALIFORNIA FORM 460</b>
through <u>Dec 31 2018</u>	
Page <u>3</u> of <u>9</u>	I.D. NUMBER <u>1412553</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Flynn vs Starr Legal Defense Fund

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>1600</u>	\$ <u>1700</u>
2. Loans Received..... Schedule B, Line 3	<u>0</u>	<u>10200</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>1600</u>	\$ <u>11900</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>1600</u>	\$ <u>11900</u>

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

1/1 through 6/30      7/1 to Date

20. Contributions Received \$ na \$ na

21. Expenditures Made \$ na \$ na

Expenditures Made	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>98</u>	\$ <u>2098</u>
7. Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>98</u>	\$ <u>2098</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>98</u>	\$ <u>2098</u>

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>na</u>
<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>na</u>

Current Cash Statement	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>567.50</u>
13. Cash Receipts..... Column A, Line 3 above	<u>1600.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
15. Cash Payments..... Column A, Line 8 above	<u>98.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2069.50</u>

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>10,200</u>

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Oct 21 2018	
through	Dec 31 2018	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Flynn vs Starr Legal Defense Fund	I.D. NUMBER 1412553
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/18	David & Karen Brooks 5047 Corbina Wy Oxnard CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	50	200	
10/22/18	Angela M Slaff 5131 Wavecrest Wy Oxnard CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	250	
10/22/18	Leslie & Timothy Wawrzeniak 3600 Harbor Bl 112 Oxnard CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	250	
10/24/18	Warner & Patricia Younis 2215 Kingsbridge Ln Oxnard CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	consultants The Bridge Group	50	250	
10/24/18	Donny Burrows 144 Hueneme Av Oxnard CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	300	
<b>SUBTOTAL \$</b>				400		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	1525
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	75
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$</b>	1600

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Oct 21 2018</u> through <u>Dec 31 2018</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>Flynn vs Starr Legal Defense Fund</b>	I.D. NUMBER <b>1412553</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/18	Sandee Bates 340 Foxglove Pl Oxnard CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	75	200	
10/24/18	Eugene & Patricia West 501 Deodar St Oxnard CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	50	500	
10/25/18	Theodore & Eleanor Robles 1220 Gardenia St Oxnard CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	50	105	
10/25/18	Ignacio Cota 990 Camino Vera Cruz Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	50	150	
10/25/18	Nancy Sur 147 2nd Av San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mfgr Rep DaCosta Global Inc.	250	700	
<b>SUBTOTAL \$</b>				<b>475</b>		

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>Oct 21 2018</u>		
through <u>Dec 31 2018</u>		Page <u>6</u> of <u>9</u>

NAME OF FILER <b>Flynn vs Starr Legal Defense Fund</b>	I.D. NUMBER <b>1412553</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/18	Judith Takahara 2009 Newcastle Dr Oxnard CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	80	377	
10/29/18	Bertha Almanza 272 Olive St Oxnard CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	20	100	
10/29/18	Joseph D O'Neill 510 Palm Dr Oxnard CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed attorney	50	250	
11/12/18	Jeremy & Lizza Flynn 34150 Starpoint St Temecula CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Sales Eldorado Stone	200	352	
11/16/18	Bruce Schoppe 4875 Mascagni St Ventura CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	200	
<b>SUBTOTAL \$</b>				<b>450</b>		

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>Oct 21 2018</u>		
through <u>Dec 31 2018</u>		Page <u>7</u> of <u>9</u>

NAME OF FILER <b>Flynn vs Starr Legal Defense Fund</b>	I.D. NUMBER <b>1412553</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2018	Maria C Ramirez 631 Ivywood Dr Oxnard CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed attorney	100	350	
11/23/18	Dina L Lambert 4939 Ponderosa Ln Midpines CA 95345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Systems Specialist Tavis Corporation	100	200	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>200</b>		

\*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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Oct 21 2018	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  Flynn vs Starr Legal Defense Fund	I.D. NUMBER  1412553
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Tim Flynn 211 N F St Oxnard CA 93030  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor, City of Oxnard	\$ 10,200	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 10,200  12/31/2019 DATE DUE	0 % RATE \$ 0	\$ 10,200  9/14/2018 DATE INCURRED	CALENDAR YEAR \$ 10200 PER ELECTION** \$ 10200
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE \$ _____	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE \$ _____	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>			0 \$	0 \$	10200 \$	0		

**Schedule B Summary**

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on  
Schedule E, Line 3)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.



**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Oct 21 2018	
through	Dec 31 2018	Page 9 of 9
NAME OF FILER		I.D. NUMBER
Flynn vs Starr Legal Defense Fund		1412553

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 0**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	0
2. Unitemized payments made this period of under \$100.....	\$	98
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b>	<b>98</b>