Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 1 Jul 2019
through 6 Sep 2019

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
- [ ] Officeholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall
- [ ] Primarily Formed Ballot Measure Committee
- [ ] Controlled
- [ ] Sponsored
- [ ] General Purpose Committee
- [ ] Sponsored
- [ ] Small Contributor Committee
- [ ] Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- ✔ Termination Statement
  (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

3. Committee Information

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

ID, 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

STATE

ZIP CODE

AREA CODE/PHONE

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 17 Sep 2019

By
Diane L Flynn
Signature of Treasurer or Assistant Treasurer

Executed on 17 Sep 2019

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

Executed on

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayor, City of Oxnard</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>211 N F St</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

**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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn for Mayor 2019</td>
<td>1311191</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane I Flynn</td>
<td>✅ YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>234 N L St</td>
<td></td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td>805-486-8976</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
<th></th>
</tr>
</thead>
</table>

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>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
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<tr>
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<th>SUPPORT</th>
<th>OPPOSE</th>
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<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary.
**Campaign Disclosure Statement**

**Summary Page**

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

**Statement covers period**

from ____________

through ____________

**CALIFORNIA FORM 460**

**Page 3 of 5**

**NAME OF FILER**

Flynn vs Starr Legal Defense Fund

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL CONSTRUCTIONS RECEIVED</strong></td>
<td>Add Lines 3 + 4</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
<td>Add Lines 8 + 9 + 10</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

12. Beginning Cash Balance Previous Summary Page, Line 16 $3905.50
13. Cash Receipts Column A, Line 3 above $0
14. Miscellaneous Increases to Cash Schedule I, Line 4 $0
15. Cash Payments Column A, Line 8 above $3905.50
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 16 $0

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

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents See instructions on reverse $0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above $0

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

| 20. Contributions Received | $ | _na_ | $ | _na_ |
| 21. Expenditures Made | $ | _na_ | $ | _na_ |

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td><em>na</em></td>
</tr>
<tr>
<td>/ /</td>
<td><em>na</em></td>
</tr>
</tbody>
</table>

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts 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 8 (if any).

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### Schedule B - Part 1

\underline{ Loans Received }  

**NAME OF FILER**  
F Flynn vs Starr Legal Defense Fund  

| 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) | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD* | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
|----------------------------------------|---------------------------------------------|------------------------------------------|-----------------------------|--------------------------------------|---------------------------------------------|-------------------------|------------------------|--------------------------|
| Tim Flynn  
211 N F St  
Oxnard CA 93030 | Mayor, City of Oxnard Loan amount transferred to Tim Flynn for Mayor 2019 account | 10,200 | 0 | $10,200 | na | 0% | 10200 | na | 9/14/18 |

| TOTALS | $0 | transferred $0 | $0 | 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.)  
   Enter the net here and on the Summary Page, Column A, Line 2.  
   \( \text{NET} \quad $0 \)

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

**SEEN INSTRUCTIONS ON REVERSE**

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

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Flynn for Mayor 2019</td>
<td>TSF</td>
<td>Flynn vs Starr Legal Defense Fund indebtedness transferred to Tim Flynn for Mayor 2019 committee ($10,200)</td>
</tr>
<tr>
<td>Oxnard CA 93030</td>
<td>TSF</td>
<td>Balance of funds remaining in Flynn vs Starr Legal Defense Fund transferred to Mayor Fund</td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 3905.50
2. Unitemized payments made this period of under $100 .......................................................... $ 0
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.) ....................... TOTAL $ 3905.50

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