

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Tim Flynn for Mayor 2016		Date of This Filing 10/26/2016	Date Stamp Received Oxnard City Clerk 2016 OCT 26 PM 4:55
AREA CODE/PHONE NUMBER 805-320-1922	I.D. NUMBER (if applicable) 1311191	Report No. 1	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS 211 N F St			
CITY Oxnard	STATE CA	ZIP CODE 93030	
		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/25/2016	Charles W McLaughlin 2230 Greencastle 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	Owner Aspen Helicopters	1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

****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

Reason for Amendment: _____