

STATEMENT OF ECONOMIC INTERESTS | Date Initial Filing Received Official Use Only Oxnard City Clerk

COVER PAGE

Please type or print in ink.		7018 .1111	<u>/ PN 3: 12 </u>
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
FLYNN	TIMOTHY		В
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CITY OF OXNARD			
Division, Board, Department, District, if applicable		Your Position	
•		MAYOR	
If the control of the			and the second s
▶ If filing for multiple positions, list below or on an	attachment. (Do not use acron	ryms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one	· box)		
State		Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		County of	·
City of OXNARD		·	
City of		Other	
3. Type of Statement (Check at least one box	()		
Annual: The period covered is January 1, 2017	7, through	Leaving Office: Date Left	and the second s
December 31, 2017.		(Check one)	
The period covered is	, through	The period covered is Janua leaving office. -or-	ry 1, 2017, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	, through
Candidate: Date of Election NOV 6, 2018	and office sought, if differ	ent than Part 1:	
4. Schedule Summary (must complete)	► Total number of pa	ges including this cover pa	ge: <u>3</u>
Schedules attached	•		
Schedule A-1 - Investments - schedule attac	ohod Disaha	Jule C - Income, Loans, & Busines	o Danitiana — achadula attachad
Schedule A-2 - Investments - schedule attac	Manual -	. ,	
Schedule B - Real Property – schedule attac	lament	 ☐ Schedule D - Income - Gifts - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached 	
-Or-			ymonio bonodalo diladino
☐ None - No reportable interests on any	schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)			
211 N F ST	OXNARD	CA	93030
DAYTIME TELEPHONE NUMBER	1	ADDRESS	
(805) 340-1922		ynn@gmail.com	and a dead the distance of the second of the
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and cor			owledge the information contained
I certify under penalty of perjury under the laws of	of the State of California that	the foregoing is true and correct	
Date Signed	Cimpotis	I'm Hen	www.
(month, day, year)	Signature	(File the originally signed statem	ent with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Tim B Flynn	
Name	
FAIR POLITICAL PRACTICES COMMISSION	
CALIFORNIA FORM / () (

NAME OF BUSINESS ENTITY FIDELITY INVESTMENTS	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
INVESTMENT FIRM	
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedul	NATURE OF INVESTMENT Stock Other (Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	/
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	OC) O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

Name	
FAIR POLITICAL PRACTICES CO	NOISSIMMC
CALIFORNIA FORM	I(UU)

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
OXNARD UNIFIED SCHOOL DISTRICT	CITY OF OXNARD	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
319 S K ST, OXNARD CA 93030	300 W 3RD ST OXNARD CA 93030	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
EDUCATION	LOCAL GOVERNMENT	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
TEACHER	MAYOR	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
S500 - \$1,000 S1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	
☐ \$10,001 - \$100,000 ※ OVER \$100,000	▼ \$10,001 - \$100,000 □ OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)	
Other	Other	
(Describe)	(Describe)	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	IOD	
retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
	%	
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
CHONE OO ACTUITY IF ANY OF LEADED	None Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER		
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD	Orrota address	
\$500 - \$1,000	City	
\$1,001 - \$10,000	Guarantor	
\$10,001 - \$100,000	Outfill()	
OVER \$100,000	Other	
	(Describe)	
Comments:		