

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk
Date Stamp
SEP 24 PM 3: 42

CALIFORNIA FORM 497
For Official Use Only

NAME OF FILER
Tim Flynn for Mayor 2018

AREA CODE/PHONE NUMBER 805-340-1922
I.D. NUMBER (if applicable) 1311191

STREET ADDRESS
211 N F St

CITY Oxnard **STATE** CA **ZIP CODE** 93030

Date of This Filing 9/24/2018

Report No. 1 2018

Amendment to Report No. _____
(explain below)

No. of Pages 1

1. Contribution(s) Received

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
9/22/2018	John and Diane Flynn 234 N L 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	1000.00 <input type="checkbox"/> Check if Loan na % 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: _____