

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
Received
Oxnard City Clerk

CALIFORNIA FORM 460

Page 1 of 4

For Official Use Only

Statement covers period
from Sep 23 2018
through Oct 20 2018

Date of election if applicable
(Month, Day, Year) 2018 OCT 29 PM 4:10
Nov 6 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)
 Carryover correction on Summary Page, Column B
 Arithmetic correction Sched A

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1311191

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Tim Flynn for Mayor 2018

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 Oct 29 2018
Date

Executed on Oct 29 2018
Date

Executed on _____
Date

Executed on _____
Date

By Diane I. Flynn
Signature of Treasurer or Assistant Treasurer

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

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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 Flynn vs Starr Legal Defense Fund | I.D. NUMBER 1412553 |
|---|------------------------|

| | |
|------------------------------------|--|
| 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 Defeat the Recall Support Mayor Flynn | I.D. NUMBER 1404848 |
|---|------------------------|

| | |
|------------------------------------|--|
| 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 |

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>Sep 23 2018</u> through <u>Oct 20 2018</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>4</u> | I.D. NUMBER <u>1311191</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Flynn for Mayor 2018

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>10466.00</u> | \$ <u>12666.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | \$ <u>0</u> | \$ <u>3000.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>10466.00</u> | \$ <u>15666.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$ <u>886.31</u> | \$ <u>886.31</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>11,352.31</u> | \$ <u>16552.31</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 | \$ <u>na</u> | \$ <u>na</u> |
| 21. Expenditures Made | \$ <u>na</u> | \$ <u>na</u> |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>10443.14</u> | \$ <u>23649.71</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>10443.14</u> | \$ <u>23649.71</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | \$ <u>886.31</u> | \$ <u>886.31</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>11329.45</u> | \$ <u>24536.02</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>na</u> |
| ____/____/____ | \$ <u>na</u> |

Current Cash Statement

| | |
|---|--------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>2515.50</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | \$ <u>10466.31</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | \$ <u>62.18</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | \$ <u>10443.14</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>2600.89</u> |

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

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|---|-------------|

Cash Equivalents and Outstanding Debts

| | |
|---|----------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>0</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>3000</u> |

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).

*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 from <u>Sep 23 2018</u> through <u>Oct 20 2018</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>4</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Flynn for Mayor 2018

I.D. NUMBER

1311191

| 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) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
| | | <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 | | | | |
| | | <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 | | | | |

SUBTOTAL \$

Schedule A Summary

| | | |
|--|-----------------|--------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ | <u>7890</u> |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ | <u>2576</u> |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ | <u>10466</u> |

*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