

Recipient Committee Campaign Statement Cover Page

Oxnard City Clerk

Date Stamp: JUL 17 AM 11:08

CALIFORNIA FORM 460

Page 1 of 9

For Official Use Only

Statement covers period from Jan 1 2019 through Jun 30 2019

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

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1412553

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Flynn vs Starr Legal Defense Fund

STREET ADDRESS (NO P.O. BOX)

211 N F St

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 805-340-1922

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
Oxnard CA 93030 804-486-8976

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 Jul 15, 2018 Date

Executed on Jul 15, 2018 Date

Executed on Date

Executed on Date

Signatures of Diane I. Flynn and Timothy B. Flynn with titles: Signature of Treasurer or Assistant Treasurer, Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor, Signature of Controlling Officeholder, Candidate, State Measure Proponent, 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      | I.D. NUMBER   |          |                 |
| Tim Flynn for Mayor | 1311191   |          |                 |
| NAME OF TREASURER   | CONTROLLED COMMITTEE?   |          |                 |
| Diane I Flynn       | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |          |                 |
| COMMITTEE ADDRESS   | STREET ADDRESS (NO P.O. BOX)  |          |                 |
| 211 N F St          |   |          |                 |
| CITY                | STATE   | ZIP CODE | AREA CODE/PHONE |
| Oxnard              | CA  | 93030    | 805-340-1922    |

|                   |  |          |                 |
|-------------------|--|----------|-----------------|
| COMMITTEE NAME    | I.D. NUMBER  |          |                 |
|                   |  |          |                 |
| NAME OF TREASURER | CONTROLLED COMMITTEE?                                    |          |                 |
|                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |                 |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)                             |          |                 |
|                   |  |          |                 |
| CITY              | STATE  | ZIP CODE | AREA CODE/PHONE |
|                   |  |          |                 |

**6. Primarily Formed Ballot Measure Committee**

|   |                     |   |
|---|---------------------|---|
| NAME OF BALLOT MEASURE  |                     |   |
| BALLOT NO. OR LETTER  | JURISDICTION        | <input type="checkbox"/> SUPPORT<br><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<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>From <u>Jan 1 2019</u><br>through <u>Jun 30 2019</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>3</u> of <u>9</u>   | I.D. NUMBER<br><u>1412553</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Flynn vs Starr Legal Defense Fund

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ <u>2000</u>   | \$ <u>2000</u>                             |
| 2. Loans Received..... Schedule B, Line 3            | \$ <u>0</u>  | \$ <u>0</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ <u>2000</u>   | \$ <u>2000</u>                             |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ <u>0</u>  | \$ <u>0</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>2000</u>   | \$ <u>2000</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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ <u>164</u>  | \$ <u>164</u>                              |
| 7. Loans Made..... Schedule F, Line 3                      | \$ <u>0</u>  | \$ <u>0</u>                                |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ <u>164</u>  | \$ <u>164</u>                              |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule G, Line 3 | \$ <u>0</u>  | \$ <u>0</u>                                |
| 10. Nonmonetary Adjustment..... Schedule H, Line 3         | \$ <u>0</u>  | \$ <u>0</u>                                |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ <u>164</u>  | \$ <u>164</u>                              |

**Expenditure Limit Summary for State  
Candidates**

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| <u>  </u> / <u>  </u> / <u>  </u>  | \$ <u>na</u>  |
| <u>  </u> / <u>  </u> / <u>  </u>  | \$ <u>na</u>  |

**Current Cash Statement**

|  |                   |
|--|-------------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 18             | \$ <u>2089.50</u> |
| 13. Cash Receipts..... Column A, Line 3 above                              | \$ <u>2000.00</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | \$ <u>0</u>       |
| 15. Cash Payments..... Column A, Line 8 above                              | \$ <u>164.00</u>  |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>3905.50</u> |

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

|  |                  |
|--|------------------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ <u>0</u>      |
| 19. Outstanding Debts..... Add Line 2 + Line 9 to Column B above | \$ <u>10,200</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<br>from <u>Jan 1 2019</u><br>through <u>Jun 30 2019</u> | <b>CALIFORNIA FORM 460</b>    |
| Page <u>4</u> of <u>8</u>   | I.D. NUMBER<br><b>1412553</b> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Flynn vs Starr Legal Defense Fund

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 1/25/2019          | Ray C Tafuya<br>234 Ashton St<br>Oxnard CA 93033   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> CDM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Information Specialist<br>Dept of Defense  | 100.                        | 100   |                                    |
| 2/28/2019          | Ignacio Cota<br>890 Camino Vera Cruz<br>Camarillo CA 93010                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> CDM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 50                          | 100   |                                    |
| 3/2/2019           | Albert Clemens<br>5540 W Fifth St Spc 32<br>Oxnard CA 93035                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> CDM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 100                         | 100   |                                    |
| 3/2/2019           | Harold & Marie Stewart<br>1705 Dunsmuir St<br>Oxnard CA 93035                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> CDM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 25                          | 125   |                                    |
| 3/4/2019           | Karen M Flynn<br>2783 Marty Wy<br>Sacramento CA 95818  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> CDM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 250                         | 250   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>525</b>                  |   |                                    |

**Schedule A Summary**

|   |                             |
|---|-----------------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.)                            | \$ <u>1625</u>              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100   | \$ <u>175</u>               |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | <b>TOTAL \$ <u>2000</u></b> |

\*Contributor Codes  
 IND – Individual  
 CDM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period<br>from <u>Jan 1 2019</u><br>through <u>Jun 30 2019</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>5</u> of <u>9</u>   |  |                                |
| NAME OF FILER<br><b>Flynn vs Starr Legal Defense Fund</b>                       |  | I.D. NUMBER<br><b>1412553</b>  |

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 3/4/2019           | Judith Takahara<br>2009 Newcastle Dr<br>Oxnard CA 93035                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 75                          | 150   |                                    |
| 3/5/2019           | Grace Nishihara<br>1810 Narrows Ct<br>Oxnard CA 93035  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 100                         | 200   |                                    |
| 3/6/2019           | Donald & Mary J Wallace<br>1034 Pinehurst Pl<br>Camarillo CA 93010                           | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 200                         | 200   |                                    |
| 3/6/2019           | Robert E Quinn, Jr<br>661 Ivywood Dr<br>Oxnard CA 93030                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 50                          | 100   |                                    |
| 3/6/2019           | Harvey O'Neil Ziegler<br>1921 Holly Av<br>Oxnard CA 93030                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 100                         | 100   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>525</b>                  |   |                                    |

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>Jan 1 2019</u><br>through <u>Jun 30 2019</u> | <b>CALIFORNIA FORM 460</b> |
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|  |                        |
|--|------------------------|
| NAME OF FILER<br>Flynn vs Starr Legal Defense Fund | I.D. NUMBER<br>1412553 |
|--|------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 3/7/2019           | David & Myrna Littell<br>2621 Ruby Dr<br>Oxnard CA 93030                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 100                         | 200   |                                    |
| 3/8/2019           | Linda Sue Lockhart<br>4461 Meridian Av<br>Channel Islands Marina, CA 93035                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 50                          | 100   |                                    |
| 3/8/2019           | Mark Beltran<br>1890 Camino Vera Cruz<br>Camarillo CA 93010                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 75                          | 125   |                                    |
| 3/8/2019           | Joseph D O'Neill<br>510 Palm Dr<br>Oxnard CA 93030   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 100                         | 200   |                                    |
| 3/16/2019          | Angela Slaff<br>5131 Wavecrest Wy<br>Oxnard CA 93035   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired  | 50                          | 100   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>375</b>                  |   |                                    |

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>Jan 1 2019</u><br>through <u>Jun 30 2019</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>7</u> of <u>9</u>  |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Flynn vs Starr Legal Defense Fund | I.D. NUMBER<br>1412553 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 3/30/2019          | Diane Delaney<br>2045 San Sebastian Dr<br>Oxnard CA 93035                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | real estate agent<br>REMax/Gold Coast   | 100                         | 100   |                                       |
| 4/3/2019           | Martha Cvijanovich<br>1065 Offshore St<br>Oxnard CA 93035                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired   | 50                          | 100   |                                       |
| 4/12/2019          | Arturo Casillas<br>2513 Joshua Ct<br>Oxnard CA 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired   | 75                          | 150   |                                       |
| 5/13/2019          | Sandra Bates<br>340 Foxglove Pl<br>Oxnard CA 93036  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired   | 75                          | 100   |                                       |
| 3/4/2019           | Byron J Wedemeyer<br>110 S A St<br>Oxnard CA 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney At Law<br>self   | 100                         | 100   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>400</b>                  |   |                                       |

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>Jan 1 2019</u><br>through <u>Jun 30 2019</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>8</u> of <u>9</u>      |

SEE INSTRUCTIONS ON REVERSE

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Flynn vs Starr Legal Defense Fund</b> | I.D. NUMBER<br><b>1412553</b> |
|---|-------------------------------|

| 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) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD *   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD    | (e)<br>INTEREST PAID THIS PERIOD   | (f)<br>ORIGINAL AMOUNT OF LOAN                            | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                         |
|---|--|--|------------------------------------|--|---|------------------------------------|---|---|
| Tim Flynn<br>211 N F St<br>Oxnard CA 93030<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mayor, City of Oxnard  | \$ <u>10,200</u>                                 | \$ <u>0</u>                        | <input type="checkbox"/> PAID<br>\$ <u>0</u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>0</u> | \$ <u>10,200</u><br><br><u>12/31/2019</u><br>DATE DUE | <u>0</u> %<br>RATE<br><br><u>0</u> | \$ <u>10,200</u><br><br><u>9/14/2018</u><br>DATE INCURRED | CALENDAR YEAR<br>\$ <u>na</u><br>PER ELECTION**<br>\$ <u>na</u> |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____       | \$ _____<br><br>DATE DUE                              | _____%<br>RATE<br><br>\$ _____     | _____<br>DATE INCURRED                                    | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____         |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____       | \$ _____<br><br>DATE DUE                              | _____%<br>RATE<br><br>\$ _____     | _____<br>DATE INCURRED                                    | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____         |
| <b>SUBTOTALS</b>  |  | \$ <u>0</u>                                      | \$ <u>0</u>                        | \$ <u>0</u>  | \$ <u>10,200</u>                                      | \$ <u>0</u>                        |   |   |

**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.) .....NET \$ 0  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on  
Schedule E, Line 3)

†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

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



**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                                   |             |                                |
|-----------------------------------|-------------|--------------------------------|
| Statement covers period           |             | <b>CALIFORNIA<br/>FORM 460</b> |
| from                              | Jan 1 2019  |                                |
| through                           | Jun 30 2019 | Page <u>9</u> of <u>9</u>      |
| NAME OF FILER                     |             | I.D. NUMBER                    |
| Flynn vs Starr Legal Defense Fund |             | 1412553                        |

SEE INSTRUCTIONS ON REVERSE

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| USPS<br>1961 N C St<br>Oxnard CA 93036                              | POS     |                        | 100         |
|   |         |                        |             |
|   |         |                        |             |

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

**SUBTOTAL \$ 100**

**Schedule E Summary**

|   |                 |            |
|---|-----------------|------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$              | 100        |
| 2. Unitemized payments made this period of under \$100.....   | \$              | 64         |
| 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.)..... | <b>TOTAL \$</b> | <b>164</b> |