Statement of (Recipient Con					Date Stamp	CALI	FORNIA 410
Statement Type	Initial Not yet qualified or	Amendment Ust I.D. number: # 1311191	Termination — See Part 5 List I.D. number: #		U Sort Continuity	Red 1-5	For Official Use Only
	07 06 2016 Date qualified as committee	07 ,06 ,2016 Date qualified as committee (if applicable)			CHY OF DARK	RD	
1. Committee II NAME OF COMMITTEE Tim Flynn for I		ecyclonology crostice digital transcriptions and providing proprieting and discovering that	accident resolution and the Account float ac	. Treasurer and NAME OF TREASURER Diane Flynr STREET ADDRESS (NO P.O. 234 N L St	d Other Principal Office	THE RESIDENCE OF THE PARTY OF T	
STREET ADDRESS (NO P.	o. 80x)		CONTROL OF THE RESIDENCE OF THE SECOND SECON	CITY	STA		AREA CODE/PHONE
211 N F St	STATE	ZIP CODE AREA CODE/	DUOSE	Oxnard NAME OF ASSISTANT TREA	CA	<u>4 93030</u>	(805)486-8976
Oxnard	CA 93	·		tautate es unnertatudat i trêt	muonen, ir Mitt		
MAILING ADDRESS (IF D		(000)011	P & Some Some	STREET ADDRESS (NO P.O.	. sox)	and the second	or y the new results and consent of the consent of
FAX / E-MAIL ADDRESS	kaungkan di Milat san di Malayan di Malayan di Malaya di Malaya di Malaya di Malaya di Angala di Angala di Ang Malayan di Malayan di Malayan di Malayan di Malaya di Malaya di Malayan di Malayan di Angala di Malayan di Mal	ayyand filik safa ang Addiniya kendilik ki sangan da sakaya kendangan kilana ang Addiniya kendilik sangan kal		City	STA*	E ZIP CODE	AREA CODE/PHONE
county of DOMICILE	JURISDICTION WHE	RE COMMITTEE IS ACTIVE	isandarah septrom-tera nenggintana santau San	NAME OF PRINCIPAL OFFI	ICER(S)		
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Attach additiona	l information on appropriatel	y labeled continuation shee	rts.	gturnia inagostiti organista representativa inacional del consistenti del cons	oma, on a position of the contract of the cont	TE ZIP CODE	AREA CODE/PHONE
penalty of perj Executed on <u>07</u>	reasonable diligence in prepa ury under the laws of the Sta 7/16/2016 By	te of California that the fore	SENATURE OF	TREASURER OR AS ISTANT I	TREASURER R STATE MEASURE PROPONENT R STATE MEASURE PROPONENT	s true and comp	lete. I certify under
	DATE	SIGNATUR	RE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OF	R STATE MEASURE PROPONENT		

Statement of Organization Recipient Committee

লেপাদাদাপুর্দান for Mayor 2016

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 3

1.0. NUMBER 1311191

		1.01.101							
4. Type of Committee	(Continued)								
General Purpose Committee	one box:								
PROVIDE BRIEF DESCRIPTION OF ACTIVITY									
Sponsored Committee List additional sponsors on an attachment.									
NAME OF SPONSOR	Industry group or affiliation of sponsor								
STREET ADDRESS NO. AND ST	TREET CITY STATE 21	PCODE							
Small Contributor Committee	Date qualified								
62 53	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- · This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE					CALIFORNIA 410 FORM 410						
Tim Flynn for Mayor 2016	1	D. NUMBER 1311191									
All committees must list the financial institution where the campaign bank account is located.											
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE BANK ACCOUNT NUME			R	ryfandinadyste, Adrew nyw magasiae ei ar ragint ar wyng gfandiste anwa m'h ang ar weeren on mei weld geel kom ar ez alas e fand						
Bank of America - Oxnard Main	(805)258-45)258-4508 18024-67829									
ADDRESS	CITY		ATE	ZIP CODE	opti kantik kolong timuni senakan pinye ina majasa (1844) kanpangan tik kanpangan tinun sambih menanggan pamanan menanggalah						
1855 N Oxnard Blvd	Oxnard		CA 93	030							
Controlled Committee List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF ELECTION PARTY											
Timothy B Flynn	Mayor - City of	Oxnard		2016	Nonpartisan						
					Nonpartisan						
Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK DIVE SUPPORT OPP											