



Please type or print in ink.

NAME OF FILER (LAST) Flynn (FIRST) Tim (MIDDLE) B. 2014 APR -1 P 5:05

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Oxnard

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Oxnard Successor Agency Oversight Board Committee Position: Boardmember

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
14 APR 0 PM 2:35

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County \_\_\_\_\_
- City of Oxnard

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.

- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

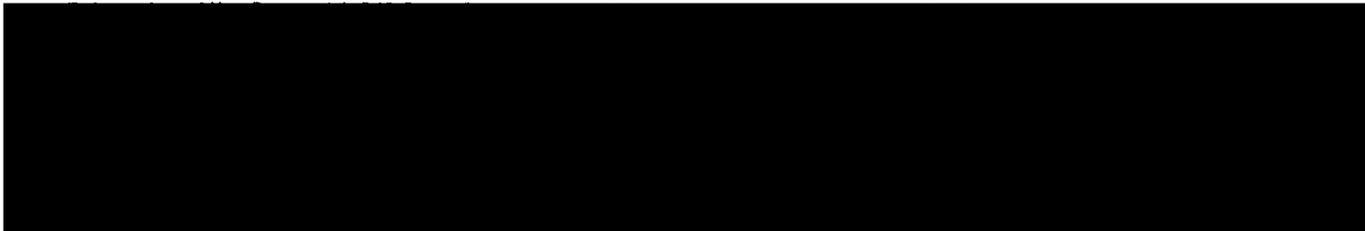
- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

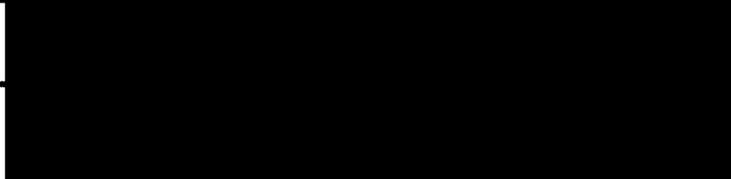
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 03/31/2014 (month, day, year)





**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
 Tim Flynn

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
Tri Counties Central Labor Council  
 ADDRESS (Business Address Acceptable)  
816 Camarillo Springs Road  
 CITY AND STATE  
Camarillo, California 93012  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 10 / 05 / 13 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 150.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Attended awards banquet

▶ NAME OF SOURCE (Not an Acronym)  
Oxnard Chamber of Commerce  
 ADDRESS (Business Address Acceptable)  
400 East Esplanade Drive #302  
 CITY AND STATE  
Oxnard, California 93036  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 03 / 22 / 13 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 50.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Mayor's State of the City Address Luncheon

▶ NAME OF SOURCE (Not an Acronym)  
International Brotherhood of Electrical Workers  
 ADDRESS (Business Address Acceptable)  
3994 East Main Street  
 CITY AND STATE  
Ventura, California  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 06 / 01 / 13 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 50.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Attended awards banquet

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_

Comments: Repaid all amounts. Declared as gifts because payments were made over 30 days following the events.