Recipient Committee Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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 Candidate/Officeholder Committee
     (Also Complete Part 6)

2. **Type of Statement:**
   - [x] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. **Committee Information**
   - **I.D. NUMBER:** 1364535
   - **Committee Name (Or Candidate's Name if No Committee):** Committee to Elect Steve Huber for Oxnard City Council 2014
   - **Street Address (No P.O. Box):** 1411 Ebony Drive
   - **City:** Oxnard
   - **State:** CA
   - **Zip Code:** 93030
   - **Mailing Address (If Different) No. and Street or P.O. Box:**
     - **City:** Oxnard
     - **State:** CA
     - **Zip Code:** 93030
   - **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 7/17/2014
   By __________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on 7/17/2014
   By __________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on __________________
   By __________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on __________________
   By __________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Cover Page**
CALIFORNIA FORM 460
Page 1 of 16
For Official Use Only

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Stephen H. Huber

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Oxnard City Council

RESIDENTIAL/BUSINESS ADDRESS
1411 Ebony Drive

CITY
Oxnard
STATE
CA
ZIP
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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
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<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
<td>YES</td>
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<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>CITY</td>
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER | JURISDICTION | SUPPORT | 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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</table>

Attach continuation sheets if necessary
**Campaign Disclosure Statement**

**Summary Page**

Amounts may be rounded to whole dollars.

---

**Contributions Received**

1. Monetary Contributions ........................................ Schedule A, Line 3 $ 8767.00 $ 8767.00
2. Loans Received .................................................. Schedule B, Line 3 $ 2500.00 $ 2500.00
3. SUBTOTAL CASH CONTRIBUTIONS ...................... Add Lines 1 + 2 $ 11267.00 $ 11267.00
4. Nonmonetary Contributions .................................. Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .................. Add Lines 3 + 4 $ 11267.00 $ 11267.00

---

**Expenditures Made**

6. Payments Made .................................................. Schedule E, Line 4 $ 4564.08 $ 4564.08
7. Loans Made ..................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ........................ Add Lines 5 + 6 $ 4564.08 $ 4564.08
9. Accrued Expenses (Unpaid Bills) ................. Schedule F, Line 3 $ 6000.00 $ 6000.00
10. Nonmonetary Adjustment .................................. Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ....................... Add Lines 8 + 9 + 10 $ 10564.08 $ 10564.08

---

**Current Cash Statement**

12. Beginning Cash Balance ................................ Previous Summary Page, Line 16 $ 0.00 $ 0.00
13. Cash Receipts ................................................. Column A, Line 3 above $ 11267.00 $ 11267.00
14. Miscellaneous Increases to Cash .................... Schedule I, Line 4 $ 0.00 $ 0.00
15. Cash Payments ................................................ Column A, Line 8 above $ 4564.08 $ 4564.08
16. ENDING CASH BALANCE ............................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 6702.92 $ 6702.92

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

---

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ........................................... See instructions on reverse $ 0.00 $ 0.00
19. Outstanding Debts ............................................ Add Line 2 + Line 9 in Column B above $ 8500.00 $ 8500.00

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

1. 1/1 through 6/30 $ 8767.00 $ 8767.00
2. 7/1 to Date $ 2500.00 $ 2500.00
3. Subtotal $ 11267.00 $ 11267.00

---

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
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<tbody>
<tr>
<td>mm/dd/yy</td>
<td>$</td>
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<td>$</td>
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</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

---

**Additional Information**

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule A
#### Monetary Contributions Received

- **Type or print in ink. Amounts may be rounded to whole dollars.**

**Statement covers period**
- from **1/1/2014**
- through **6/30/2014**

**NAME OF FILER**
Stephen H. Huber

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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<tbody>
<tr>
<td>3/11/2014</td>
<td>Anthony Murguia 2012 Spyglass Trail East Oxnard, CA 93036</td>
<td>✔ IND COM OTH PTY SCC</td>
<td>Retired</td>
<td>$200.00</td>
<td>$200.00</td>
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</tr>
<tr>
<td>3/12/2014</td>
<td>Bill Belcher 1732 Fisher Court Oxnard, CA 93035</td>
<td>✔ IND COM OTH PTY SCC</td>
<td>Retired</td>
<td>$200.00</td>
<td>$200.00</td>
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<tr>
<td>3/12/2014</td>
<td>Mike Barber 3701 Orange Drive Oxnard, CA 93036</td>
<td>✔ IND COM OTH PTY SCC</td>
<td>Retired</td>
<td>$250.00</td>
<td>$250.00</td>
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</tr>
<tr>
<td>3/27/2014</td>
<td>Saalex Corporation 811 A Camarillo Springs Road Camarillo, CA 93012</td>
<td>✔ IND COM OTH PTY SCC</td>
<td></td>
<td>$250.00</td>
<td>$250.00</td>
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<td>4/10/2014</td>
<td>Channel Islands Warehouse, Inc. PO Box 6229 Oxnard, CA 93012</td>
<td>✔ IND COM OTH PTY SCC</td>
<td></td>
<td>$500.00</td>
<td>$500.00</td>
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**SUBTOTAL $** $1400.00

### Schedule A Summary

1. **Amount received this period – itemized monetary contributions.**
   (Include all Schedule A subtotals.) .................................................. $ **$8450.00**

2. **Amount received this period – unitemized monetary contributions of less than $100 .................................. $ **$2317.00**

3. **Total monetary contributions received this period.**
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. **TOTAL $** **$8767.00**

---

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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<tbody>
<tr>
<td>4/14/2014</td>
<td>Okada Chiropractic 1300 West Gonzales Road, Suite 105 Oxnard, CA 93036</td>
<td>□ IND</td>
<td>$100.00</td>
<td>$100.00</td>
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<td>4/28/2014</td>
<td>James B. Lasswell 13366 Winstanley Way San Diego, CA 92130</td>
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<td>Engineer/Owner INDUS Technology, Inc.</td>
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<tr>
<td>5/12/2014</td>
<td>ICI Services Corporation 500 Viking Drive, Suite 200 Virginia Beach, VA 23452</td>
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<tr>
<td>5/14/2014</td>
<td>Annette Robles 2630 Volcano Court Oxnard, CA 93030</td>
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<td>Psychologist/Owner Murguia &amp; Associates Licensed Educational Psychologists</td>
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<tr>
<td>5/14/2014</td>
<td>Otis R. Hinkle 2510 Pyrite Place Oxnard, CA 93030</td>
<td>□ IND</td>
<td>Retired</td>
<td>$100.00</td>
<td>$100.00</td>
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<td>□ SCC</td>
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</tbody>
</table>

**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

SUBTOTAL $ 800.00

Statement covers period from 1/1/2014 through 6/30/2014.
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/15/2014</td>
<td>Patricia Taormina 2551 Cabrillo Way Oxnard, CA 93030</td>
<td>☑ IND</td>
<td>Retired</td>
<td>$100.00</td>
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<tr>
<td>5/26/2014</td>
<td>Alan Wellesley 3510 Pier Walk Oxnard, CA 93035</td>
<td>☑ IND</td>
<td>System Engineer BecTech Inc.</td>
<td>$500.00</td>
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<tr>
<td>5/26/2014</td>
<td>Steve Kinney 2512 Baybridge Court Port Hueneme, CA 93041</td>
<td>☑ IND</td>
<td>President EDCO</td>
<td>$150.00</td>
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<tr>
<td>5/26/2014</td>
<td>Lynn Gray 1672 Donlon Street Ventura, CA 93003</td>
<td>☑ IND</td>
<td>CFO Jensen Design and Survey</td>
<td>$200.00</td>
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</tr>
<tr>
<td>5/26/2014</td>
<td>Jeff Gean 2691 Riata Court Camarillo, CA 93012</td>
<td>☑ IND</td>
<td>Self Employed Bob's Towing</td>
<td>$200.00</td>
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</tbody>
</table>

**SUBTOTAL $** 1150.00

*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
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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<tbody>
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<td>6/2/2014</td>
<td>John McGrath Family Partnership</td>
<td>□ IND</td>
<td>President SH Huber &amp; Associates, Inc.</td>
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<td></td>
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<td>President</td>
<td>$500.00</td>
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<tr>
<td></td>
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<tr>
<td>6/19/2014</td>
<td>Tom Doherty</td>
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<tr>
<td>6/21/2014</td>
<td>Lynn Stagliano</td>
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<td>Registered Nurse Providence Surgical Center, Mission Hills</td>
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<td></td>
<td>25021 Parasol Place</td>
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<tr>
<td>6/24/2014</td>
<td>Jurgen Gramckow</td>
<td>□ IND</td>
<td>President Southland Sod</td>
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<td></td>
<td>Ojai, CA 93023</td>
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</tbody>
</table>

**SUBTOTAL $** $3100.00

*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
Schedule B – Part 1
Loans Received

Statement covers period from 1/1/2014 through 6/30/2014

**CALIFORNIA FORM 460**

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephen H. Huber</td>
<td>Eileen Huber 1411 Ebony Drive Oxnard, CA 93030</td>
<td>Self-Employed The College Decision</td>
<td>$0</td>
<td>$500</td>
<td>$500</td>
<td>$0</td>
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<td>$500</td>
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<td>$2000</td>
<td>$0</td>
<td>$0</td>
<td>$2000</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2000</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period.................................................................................................................. $2500.00

2. Loans paid or forgiven this period .......................................................................................................... $0

3. Net change this period. (Subtract Line 2 from Line 1.)........................................................................... NET $2500.00

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

** If required.

**CALIFORNIA FORM 460**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule B – Part 2
Loan Guarantors

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**
Stephen H. Huber

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>LOAN</th>
<th>AMOUNT GUARANTEED THIS PERIOD</th>
<th>CUMULATIVE TO DATE</th>
<th>BALANCE OUTSTANDING TO DATE</th>
</tr>
</thead>
</table>

- **IND**
- **COM**
- **OTH**
- **PTY**
- **SCC**

Statement covers period from 1/1/2014 through 6/30/2014

**SUBTOTAL $ 0**

*Enter on Summary Page, Line 17 only.*

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/2014
through 6/30/2014

NAME OF FILER
Stephen H. Huber

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0

Schedule C Summary
1. Amount received this period - itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) ................................................................. $ 0
2. Amount received this period - unitemized nonmonetary contributions of less than $100 ........................................ $ 0
3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ................... TOTAL $ 0

*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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ................................................................. $ 0

2. Unitemized contributions and independent expenditures made this period of under $100 ................................................................. $ 0

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .......... TOTAL $ 0

---

**Schedule D**  
**Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees**

Type or print in ink. Amounts may be rounded to whole dollars.

**Statement covers period**

<table>
<thead>
<tr>
<th>from</th>
<th>to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2014</td>
<td>6/30/2014</td>
</tr>
</tbody>
</table>

**NAME OF FILER**

Stephen H. Huber

**I.D. NUMBER**

1364535

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL**

| $ 0 |

---

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule E Payments Made

**Type or print in ink. Amounts may be rounded to whole dollars.**

**Statement covers period**

<table>
<thead>
<tr>
<th>from</th>
<th>through</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2014</td>
<td>6/30/2014</td>
</tr>
</tbody>
</table>

**NAME OF FILER**

Stephen H. Huber

**I.D. NUMBER**

1364535

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description of Payment</th>
<th>Amounts printed in ink.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
<td>&quot;member communications&quot;</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
<td>&quot;meetings and appearances&quot;</td>
</tr>
<tr>
<td>OFC</td>
<td>member communications</td>
<td>&quot;office expenses&quot;</td>
</tr>
<tr>
<td>PET</td>
<td>member communications</td>
<td>&quot;petition circulating&quot;</td>
</tr>
<tr>
<td>PHO</td>
<td>member communications</td>
<td>&quot;phone banks&quot;</td>
</tr>
<tr>
<td>POL</td>
<td>member communications</td>
<td>&quot;polling and survey research&quot;</td>
</tr>
<tr>
<td>POS</td>
<td>member communications</td>
<td>&quot;postage, delivery and messenger services&quot;</td>
</tr>
<tr>
<td>PRO</td>
<td>member communications</td>
<td>&quot;professional services (legal, accounting)&quot;</td>
</tr>
<tr>
<td>PRT</td>
<td>member communications</td>
<td>&quot;print ads&quot;</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
<td></td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
<td></td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
<td></td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
<td></td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
<td></td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
<td></td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
<td></td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
<td></td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
<td></td>
</tr>
</tbody>
</table>

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Kistner</td>
<td>CNS</td>
<td>&quot;campaign consultants&quot;</td>
<td>4000.00</td>
</tr>
<tr>
<td>1876 Sunridge Drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kelly Paper</td>
<td>OFC</td>
<td>&quot;office expenses&quot;</td>
<td>179.14</td>
</tr>
<tr>
<td>4722 Market Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Post Office</td>
<td>POS</td>
<td>&quot;postage, delivery and messenger services&quot;</td>
<td>246.00</td>
</tr>
<tr>
<td>Federal Building Station</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $4424.14

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $4424.14
2. Unitemized payments made this period of under $100 $139.94
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.) TOTAL $4564.08
Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2014
through 6/30/2014

NAME OF FILER
Stephen H. Huber
I.D. NUMBER 1384535

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

- OMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidate filing/ballot fees
- FND: fundraising events
- IND: independent expenditure supporting/opposing others (explain)*
- LEG: legal defense
- LIT: campaign literature and mailings
- MBR: member communications
- MTG: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: TV or cable airtime and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/sponsor
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR
Charles Kistner
1876 Sunridge Drive
Ventura, CA 93003

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON D)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS</td>
<td>0</td>
<td>10,000.00</td>
<td>4,000.00</td>
<td>6,000.00</td>
</tr>
</tbody>
</table>

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

SUBTOTALS $ 0 $ 10,000.00 $ 4,000.00 $ 6,000.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) .......................................................... INCURRED TOTALS $ 10,000.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) .......................................................... PAID TOTALS $ 4,000.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ............................................................................................................ NET $ 6,000.00

May be a negative number

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**
Stephen H. Huber

**NAME OF AGENT OR INDEPENDENT CONTRACTOR**

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

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

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

**NAME AND ADDRESS OF PAYEE OR CREDITOR**

(If Committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

**TOTAL** $ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (January/05)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule H
Loans Made to Others*

Statement covers period from 1/1/2014 through 6/30/2014

CALIFORNIA FORM 460
Page 15 of 16

I.D. NUMBER
1364535

NAME OF FILER
Stephen H. Huber

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

OUTSTANDING BALANCE BEGINNING THIS PERIOD
AMOUNT LOANED THIS PERIOD
REPAYMENT OR FORGIVENESS THIS PERIOD
OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
INTEREST RECEIVED
ORIgINAL AMOUNT OF LOAN
CUMULATIVE LOANS TO DATE

ORIGINAL CUMULATIVE
AMOUNT OF LOANS TO DATE

CALENDAR YEAR
PER ELECTION**
DATE INCURRED

CALENDAR YEAR
PER ELECTION**
DATE INCURRED

SUBTOTALS
$ 0 $ 0 $ 0 $ 0 $ 0

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

Schedule H Summary

1. Loans made this period ................................................................. $ 0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans ....................................................... $ 0
   (Total Column (c) plus unitemized payments of less than $100.)

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 7.)

   **If Required

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule I
Miscellaneous Increases to Cash

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2014 through 6/30/2014

Schedule I Summary

1. Itemized increases to cash this period. ................................................................. $ 0
2. Unitemized increases to cash of under $100 this period. ....................................... $ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ................................................................. $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ................................................................. TOTAL $ 0

NAME OF FILER
Stephen H. Huber

FULL NAME AND ADDRESS OF SOURCE

DATE RECEIVED

DESCRIPTION OF RECEIPT

AMOUNT OF INCREASE TO CASH

SUBTOTAL $ 0

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (855/275-3772)