### 1. Committee Information

**Committee to Elect Steve Huber for Oxnard City Council 2014**

- **Name of Committee:**
  - 1411 Ebony Drive
  - Oxnard CA 93030 (805)981-0858

**Secretary Information**

- **Name:**
  - Eileen Huber
- **Street Address:**
  - 1411 Ebony Drive
  - Oxnard CA 93030 (805)509-7423

**Mailing Address (If Different):**

- **Name:**
  - Street Address (No P.O. Box)
- **City:**
  - Oxnard
- **State:**
  - CA
- **Zip Code:**
  - 93030
- **Area Code/Phone:**
  - (805)981-0858

**FAX/E-mail Address:**

- **Name:**
  - Street Address (No P.O. Box)
- **City:**
  - Oxnard
- **State:**
  - CA
- **Zip Code:**
  - 93030
- **Area Code/Phone:**
  - (805)981-0858

**County of Domicile:**

- **Jurisdiction Where Committee is Active:**

### 2. Treasurer and Other Principal Officers

- **Name of Treasurer:**
  - Eileen Huber
- **Street Address:**
  - 1411 Ebony Drive
  - Oxnard CA 93030 (805)509-7423

**Name of Assistant Treasurer, If Any:**

- **Street Address:**
  - Street Address (No P.O. Box)
  - City:
  - State:
  - Zip Code:
  - Area Code/Phone:

**Name of Principal Officer(s):**

- **Street Address:**
  - Street Address (No P.O. Box)
  - City:
  - State:
  - Zip Code:
  - Area Code/Phone:

### 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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:** 2/28/2014
  - **By:** Eileen Huber
  - **Signature of Treasurer or Assistant Treasurer:**

- **Executed on:** 2/28/2014
  - **By:** Steve Huber
  - **Signature of Controlling Officerholder, Candidate, or State Measure Propponent:**
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee to Elect Steve Huber for Oxnard City Council 2014

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>Area Code/Phone</th>
<th>Bank Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navy Federal Credit Union</td>
<td>(888)842-6328</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>535 W. Channel Islands Blvd</td>
<td>Port Hueneme</td>
<td>CA</td>
<td>93041</td>
</tr>
</tbody>
</table>

4. Type of Committee  Complete the applicable sections.

- 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.

<table>
<thead>
<tr>
<th>Name of Candidate/Officeholder/State Measure Proponent</th>
<th>Elective Office Sought or Held (Include District Number If Applicable)</th>
<th>Year of Election</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephen H. Huber</td>
<td>Oxnard City Council</td>
<td>2014</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Nonpartisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee  Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>Candidate(s) Name or Measure(s) Full Title (Include Ballot No. or Letter)</th>
<th>Candidate(s) Office Sought or Held or Measure(s) Jurisdiction (Include District No., City or County, as Applicable)</th>
<th>Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov