Statement of Organization
Recipient Committee

Statement Type

☑ Initial
☐ Amendment
☐ Termination – See Part 5

Not yet qualified ☑ or

List I.D. number: #

Date qualified as committee
#

Date qualified as committee
#

Date of Termination
#

1. Committee Information

Committee to Elect Steve Huber for Oxnard City Council 2014

1411 Ebony Drive

CITY

STREET ADDRESS (NO P.O. BOX)

Oxnard

STATE

CA

ZIP CODE

93030

AREA CODE/PHONE

(805)981-0858

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Eileen Huber

STREET ADDRESS (NO P.O. BOX)

1411 Ebony Drive

CITY

STREET ADDRESS

Oxnard

STATE

CA

ZIP CODE

93030

AREA CODE/PHONE

(805)509-7423

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (IF DIFFERENT)

COUNTY OF PRINCIPAL OFFICE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (IF DIFFERENT)


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

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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

- 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 PROONENT</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>
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<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>