Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination — See Part 5

List I.D. number:
1364535
# 03/12/2014

Date qualified as committee
Date qualified as committee (if applicable)

Termination

List I.D. number:
#

Date of Termination

Date Stamp
2014 MAR 17 2:50

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Steve Huber for Oxnard City Council 2014

STREET ADDRESS (NO P.O. BOX)
1411 Ebony Drive

Oxnard CA 93030 (805) 981-0858

STATE ZIP CODE AREA CODE/PHONE
CA 93030 (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

Oxnard CA 93030 (805) 981-0858

STATE ZIP CODE AREA CODE/PHONE
CA 93030 (805) 981-0858

NAME OF ASSISTANT TREASURER, IF ANY
Stephen H. Huber

STREET ADDRESS (NO P.O. BOX)
1411 Ebony Drive

Oxnard CA 93030 (805) 981-0858

STATE ZIP CODE AREA CODE/PHONE
CA 93030 (805) 981-0858

NAME OF PRINCIPAL OFFICER(S)

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 03/13/2014 By Eileen Huber

Executed on 03/13/2014 By

Executed on By

Executed on By

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Committee Name:
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>Rabobank</td>
<td>(805)240-1451</td>
<td>756121547</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>
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</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>
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