### Statement of Organization

**Recipient Committee**

**Statement Type**

- [x] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

**List I.D. number:**

- #

**Date qualified as committee**

- 

**Date qualified as committee (If applicable)**

- 

**Date of Termination**

- 

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### 1. Committee Information

**NAME OF COMMITTEE**

Steve Huber for Oxnard City Council 2016

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1411 Ebony Drive</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

**STREET ADDRESS (NO P.O. BOX)**

1411 Ebony Drive

**CITY**

Oxnard

**STATE**

CA

**ZIP CODE**

93030

**NAME OF TREASURER**

Eileen Huber

**STREET ADDRESS (NO P.O. BOX)**

1411 Ebony Drive

**CITY**

Oxnard

**STATE**

CA

**ZIP CODE**

93030

**AREA CODE/PHONE**

(805)981-0858

**NAME OF ASSISTANT TREASURER, IF ANY**


**STREET ADDRESS (NO P.O. BOX)**


**CITY**


**STATE**


**ZIP CODE**


**AREA CODE/PHONE**


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### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**

Eileen Huber

**STREET ADDRESS (NO P.O. BOX)**

1411 Ebony Drive

**CITY**

Oxnard

**STATE**

CA

**ZIP CODE**

93030

**AREA CODE/PHONE**

(805)981-0858

**NAME OF ASSISTANT TREASURER, IF ANY**


**STREET ADDRESS (NO P.O. BOX)**


**CITY**


**STATE**


**ZIP CODE**


**AREA CODE/PHONE**


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### 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**

07/20/2016

**By**

Eileen Huber

**DATE**

07/20/2016

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

---

**Executed on**

07/20/2016

**By**

Steve Huber

**DATE**

07/20/2016

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

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**FPPC Form 410 (Jan/2016)**

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www.fppc.ca.gov