Statement of Organization Recipient Committee

Statement Type
- Initial
- Amendment
- Termination – See Part 5

List I.D. number:
1. Initial
2. Amendment
3. Termination

List I.D. number:

Date qualified as committee:
08/15/2016

Date qualified as committee (if applicable):

Date of Termination:

NAME OF COMMITTEE
Steve Huber for Oxnard City Council 2016

1. Committee Information

NAME OF COMMITTEE
Steve Huber for Oxnard City Council 2016

STREET ADDRESS
1411 Ebony Drive

CITY Oxnard

STATE CA

ZIP CODE 93030

AREA CODE/PHONE (805)509-9214

MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS
1411 Ebony Drive

CITY Oxnard

STATE CA

ZIP CODE 93030

AREA CODE/PHONE (805)509-9214

ATTACH ADDITIONAL INSTRUCTIONS ON APPROPRIATELY LABELED CONTINUATION SHEETS.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Eileen Huber

STREET ADDRESS
1411 Ebony Drive

CITY Oxnard

STATE CA

ZIP CODE 93030

AREA CODE/PHONE (805)981-0858

NAME OF ASSISTANT TREASURER, IF ANY
Steve Huber

STREET ADDRESS
1411 Ebony Drive

CITY Oxnard

STATE CA

ZIP CODE 93030

AREA CODE/PHONE (805)509-9214

NAME OF PRINCIPAL OFFICER(S)

COUNTY OF DOMICILE Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard

EXECUTED ON
08/17/2016

DATE

EXECUTED ON
08/17/2016

DATE

EXECUTED ON

DATE

EXECUTED ON

DATE

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.

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

FORM 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee

INSTRUCTIONS ON REVERSE

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 NA</td>
<td>(805)240-1451</td>
<td>14121104</td>
</tr>
</tbody>
</table>

ADDRESS CITY STATE ZIP CODE
155 South A Street, Oxnard, CA 93030

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 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>2016</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>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Steve Huber for Oxnard City Council 2016

1388268

4. Type of Committee (Continued)

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee  ☐ COUNTY Committee  ☐ STATE Committee

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.