	f Organization				Date :	Stamp	CALI	FORNIA AAA
Recipient Co	ommittee				950 01	2010	FO	ORM 410
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number: # 1388268	Termination – See Part 5 List I.D. number:		SEP 01	MA SII	.EO	For Official Use Only
	// Date qualified as committe	e Date qualified as committee (If applicable)	Date of 1	ermination	in the office of the State of the State of AUG 2.2	i California	State	
1. Committee NAME OF COMMITT Steve Huber		cil 2016		2. Treasurer and NAME OF TREASURER Eileen Huber STREET ADDRESS (NO P.O. E	30X)	l Officers		
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street address (N	Drive		**Anniconausi************************************	Oxnard		STATE CA	21P CODE 93030	AREA CODE/PHONE (805)981-0858
Oxnard		ZIP CODE AREA CODE, 93030 (805)509		NAME OF ASSISTANT TREAS		TO SAME I MORE THAN THE SAME OF THE SAME O	oversow was producted a fallowing or one of the control of the con	
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	d@gmail.com			Oxnard		<u>CA</u>	93030	(805)509-9214
COUNTY OF DOMIC	JURISDICTION V Oxnard	VHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFIC	ER(S)			
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penalty of pe	nall reasonable diligence in preerjury under the laws of the SOS/17/2016 DATE DATE DATE DATE By DATE By DATE By DATE By	tate of California that the form	SIGNATURE OF CONTROLLING CO		REASURER STATE MEASURE PROPONENT STATE MEASURE PROPONENT		rue and comp	lete. I certify under

Statement of Organization Recipient Committee					C)	ALIFOF FORM		10	
INSTRUCTIONS ON REVERSE					Page	2			
Steve Huber for Oxnard City Council 2016				lacytag garg Ann Conneller Front Wild Made and goggeplan gard	1	UMBER 88268	nderstallen der State (und den son der State (und der State (und den State (und den State (und den State (und d	осимны мода II в мубин 13 мертно домостично домостично домости	
All committees must list the financial institution where the campaign	bank accour	nt is located.							
NAME OF FINANCIAL INSTITUTION	INANCIAL INSTITUTION AREA CODE/PHONE BANK ACCOUNT NUMBER						HTVOOREN HEELE GEVEN DE LEGENS DE LE	and the second s	
Rabobank NA	(805	5)240-1451	14121	14121104					
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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	e is affiliate	d or check "nonpartisa	n."						
If this committee acts jointly with another controlled committee	, list the na	nme and identification	number of the othe	r controlled c	ommittee.				
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SO (INCLUDE DISTRICT NUM		YE	AR OF ELECTION		PARTY		
Stephen H Huber	Oxnar	d City Council		201	6	☑ Non	partisan		
					- 19-19-19-19-19-19-19-19-19-19-19-19-19-1	☐ Non	partisan		
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Primarily Formed Committee Primarily formed to support or	oppose spe	cific candidates or me	asures in a single el	ection. List be	elow:				
CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE									
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Statement of Organization Recipient Committee

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"Steve Muber for Oxnard City Council 2016

1388268

I.D. NUMBER

4. Type of Comm	nittee (Continued)							
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee COUNTY Committee STATE Committee								
PROVIDE BRIEF DESCRIPTION OF	FACTIVITY	на в суде в в гури, по в город по в город в г			antan magadama a Prilandiada mengen digi pagguar Prilandia dan dan dan berasa susua	gypthill did de basik anne gypthill did bag de er aar en 'i Palicianis on ee grap geste dag yn geste dag yn g		
Sponsored Committ	tee List additional spor	sors on an attachment.						
NAME OF SPONSOR	i .		INDUSTRY GROUP OR AFFILIATION OF SPONSO	OR				
STREET ADDRESS	NO. AND STREET	сіту		STATE	ZiP CODE			
Small Contributor ()ate qualified						

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.