Statement of Recipient Co	f Organization ommittee				Oxnard C	Med ty C		FORNIA 410
Statement Type	☐ Initial  Not yet qualified ☐ or  Date qualified as committe	Amendment List I.D. number:  # Date qualified as committee (If applicable)	List I.D. numb # 138826		2016 DEC 21	4	58	For Official Use Only
	Information			2. Treasurer and	Other Principal	Officers		
Steve Huber	for Oxnard City Cound	cil 2016		Eileen Huber street address (no p.o. bo	•	ана жана аустром түү кайгайгай байгай айсай ой байгай		
STREET ADDRESS (NO	P.O. BOX)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
1411 Ebony I	Drive			Oxnard		CA	93030	(805)981-0858
Oxnard  MAILING ADDRESS (II	STATE CA 9 F DIFFERENT)	ZIP CODE AREA CODE 03030 (805)50	•	Steve Huber street address (no p.o. BC 1411 Ebony D	OX)		rice had retries popular entre propins de la companya de la companya de la companya de la companya de la compa	
FAX / E-MAIL ADDRES				CITY	711VC	STATE	ZIP CODE	AREA CODE/PHONE
·	d@gmail.com			Oxnard		CA	93030	(805)509-9214
COUNTY OF DOMICIL	JURISDICTION W Oxnard	HERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICEI			T C C C C C C C C C C C C C C C C C C C	
Attach addition	al information on appropriat	ely labeled continuation shee	ets.	CITY	Consequence consigning an arquisity registrate for the formula part of the condition of the consequence of the	STATE	ZIP CODE	AREA CODE/PHONE
penalty of per Executed on 1	I reasonable diligence in prepriet programme of the State	Steen Signatur	egoing is true a	F TREASURER OR ASSISTANT TREASURER OR ASSISTANT TREASURER OR ASSISTANT TREASURER OR STATE OF THE PROPERTY OF T	ASURER  ATE MEASURE PROPONENT  ATE MEASURE PROPONENT	erein is tr	ue and comp	lete. I certify under
	DATE	SIGNATUI	RE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR ST	TATE MEASURE PROPONENT			

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization					c	ALIFORNIA 410
Recipient Committee INSTRUCTIONS ON REVERSE						
					Page I.D. N	e 2 NUMBER
Steve Huber for Oxnard City Council 2016					1	88268
<ul> <li>All committees must list the financial institution where the campaigr</li> </ul>	n bank accoun	t is located.				3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOU	NT NUMBER		
Rabobank NA	(805	)241-1451	REDAC	TED		
ADDRESS	CITY		STATE	ZIP CODE		
155 South A Street	Oxn	ard	CA	93030		
4. Type of Committee Complete the applicable sections.						
Controlled Committee						
<ul> <li>List the name of each controlling officeholder, candidate, or sta district number, if any, and the year of the election.</li> </ul>	te measure p	proponent. If candidate	e or officeholder o	controlled, also lis	t the electi	ve office sought or held, and
<ul> <li>List the political party with which each officeholder or candidat</li> </ul>	e is affiliated	or check "nonpartisan.	"			
<ul> <li>If this committee acts jointly with another controlled committee</li> </ul>	e, list the nar	me and identification nu	ımber of the othe	r controlled com	mittee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUG (INCLUDE DISTRICT NUMBE		YEAR O	F ELECTION	PARTY
Stephen H Huber	Oxnaro	l City Council		2016		Nonpartisan
						Nonpartisan
Primarily Formed Committee Primarily formed to support or	oppose spec	ific candidates or meas	ures in a single ele	ection. List below	/:	and Managation and employed the American State of the American Control of the Con
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L	ETTER)		OFFICE SOUGHT OR HE DE DISTRICT NO., CITY O			CHECK ONE
						SUPPORT OPPOSE

## **Statement of Organization Recipient Committee**

**INSTRUCTIONS ON REVERSE** 

CALIFORNIA FORM 410

ASTROCTIONS ON REVERSE		Page 3
Steve Huber for Oxnard City Council 2016		1.D. NUMBER 1388268
J. Type of Committee (Continued)		
General Purpose Committee  Not formed to support or oppose specific ca  ☐ CITY Committee ☐ COUNTY Committee	indidates or measures in a single election. Check only one box:	
ROVIDE BRIEF DESCRIPTION OF ACTIVITY		
Sponsored Committee List additional sponsors on an attachment.		
AME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
TREET ADDRESS NO. AND STREET CITY	STATE ZIP CODE	
Small Contributor 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;

Date qualified

- 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.

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Statement of						Date Sta	mp		FORNIA	410 .	
Recipient Committee  Statement Type		Amendment List I.D. number:	List I.D. num	Termination – See Part 5 in the List I.D. number:		CEIVED AND FIL office of the Secretary of S of the State of California  DEC 27 2016		-E State	PRIVI For Official Use 0 017 JAN -5	nly	
		Date qualified as committee (If applicable)	12 <u>/2</u> Date of	2016 Termination		2000	<b>9</b>				
1. Committee li	nformation			2. Treasurer a	CENTRAL PROPERTY OF THE PERSONS	her Principal (	Officers				
NAME OF COMMITTEE Steve Huber fo	or Oxnard City Council	2016	·	Eileen Hub street address (no	P.O. BOX)	/e					
STREET ADDRESS (NO P.			ang annya ayang kang pagamatan mengalang ang Pagamatan Sanara Sanara Sanara Sanara Sanara Sanara Sanara Sanara	CITY			STATE	ZIP CODE		DE/PHONE	
1411 Ebony D			ensus de la company de la comp	Oxnard  NAME OF ASSISTANT 1	rnr a Calorn	LIC ANIV	CA	93030	(805)98	1-0858	
CITY	STATE	ZIP CODE AREA CODE/				, IF ANY					
Oxnard	CA 93	030 (805)509	7-9214	Steve Hub				02/1/24/07/24/1900/07/2000per/2002-500	empleteriorite proprieta constructivo de const		
MAILING ADDRESS (IF D	IFFERENT)			1411 Ebon		/e					
FAX / E-MAIL ADDRESS			-	CITY	y 60111		STATE	ZIP CODE	AREA COI	DE/PHONE	
steve4oxnard@	Momail com			Oxnard			CA	93030	(805)509	9-9214	
county of DOMICILE Ventura		RE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL C	OFFICER(S)						
egymänisteksi päärinka kassa aikkeistoosa sisseksi kaikakse salla täänään tai hiitooja hevikeisa				STREET ADDRESS (NO	P.O. BOX)	gydgyndogodyn achallach o achall fod Mill (film 1600 60 740 60 64 66 66 66 66 66 66 66 66 66 66 66 66				<u>and and and and and and and and and and </u>	
Attach additional	information on appropriately	· labeled continuation shee	ts.	CITY			STATE	ZIP CODE	AREA CO	DE/PHONE	
3. Verification I have used all r penalty of perju Executed on 12.  Executed on 12.  Executed on 12.	reasonable diligence in prepar ury under the laws of the Stat /21/2016 By	ring this statement and to to to to go of California that the fore	che best of megoing is true SIGNATURE SIGNATURE COF CONTROLLING O	y knowledge the in and correct.  OF TREASURER OR ASSISTANDEFICEHOLDER, CANDIDATE,	NT TREASUR	RER MEASURE PROPONENT	rein is tru	e and compl	ete. I certify u	under	
Executed on	DATE	SIGNATUR	E OF CONTROLLING	OFFICEHOLDER, CANDIDATE	, OR STATE	MEASURE PROPONENT	and the second second second	nickerski gyandidi mepiliki jamiling pingiliki filip	EDDC Form 41	0 (lan/2016)	

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INSTRUCTIONS ON REVERSE				Page 2
Steve Huber for Oxnard City Council 2016	asspeciating design open in the season of	emegan, tir rusanah enerkis casa ata Gregol iyili capu dalari dalah sabibilah Asia ata sabasi basiti senerki		ld. number 1388268
<ul> <li>All committees must list the financial institution where the campaign</li> </ul>	bank account is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCO	DUNT NUMBER	
Rabobank NA	(805)241-145	1 1412	1104	
ADDRESS	CITY	STATE	ZIP CODE	
155 South A Street	Oxnard	CA	93030	
district number, if any, and the year of the election.  List the political party with which each officeholder or candidate  If this committee acts jointly with another controlled committee  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	, list the name and ident		ner controlled committee. YEAR OF ELECTION	
Stephen H Huber	Oxnard City Cou	ncil	2016	Nonpartisan
				Nonpartisan
Primarily Formed Committee  Primarily formed to support or Candidate(s) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE		CANDIDATE(S) OFFICE SOUGHT OR H	IELD OR MEASURE(S) JURISDICTION	
CANDIDATE(3) NAME ON WILASONE(3) FOR THE INCLODE BALLOT NO. ON E		(INCLUDE DISTRICT NO., CITY	OK COUNTY, AS APPLICABLE)	CHECK ONE SUPPORT OPPOSE

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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Page 3
I.D. NUMBER

**CALIFORNIA** 

STEVE Huber for Oxnard City Council 2016

1388268

4. Type of Com	mittee (Continued)						
General Purpose		to support or oppose specific ca nmittee COUNTY Committ	ndidates or measures in a single cee STATE Committee	election. Check	only one box:		
PROVIDE BRIEF DESCRIPTION	OF ACTIVITY			en de de la companya	unge estat de entre grange profesión esta profesión de espa esta 4 cua en contrata com profesion de	yppayagaadadadaduutusuururiid haalaatanidaduuru ahga ahaalaadadada saabaa ahaa ahaa ahaa ahaa ahaa ahaa a	
Sponsored Commi	ittee List additional spo	nsors on an attachment.		ne en e	an ang ang ang ang ang ang ang ang ang a		
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION OF SPONSOR				
STREET ADDRESS	NO. AND STREET	CITY	na una mana mana mana mana mana mana man	STATE	ZIP CODE		SCHOOL SC
Small Contributor	the state of the s	//Date qualified			Same da picyan yann vaylusiinuud kasa kel sokkih ke kel 4444 (AMARAKA KASA		·

## 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:

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