

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp RECEIVED CITY OF SIMI VALLEY 2015 FEB 26 PM 2: 53	CALIFORNIA FORM 460
	Page <u>1</u> of <u>9</u> For Official Use Only
OFFICE OF CITY CLERK BY <i>[Signature]</i>	

Statement covers period from <u>October 19, 2014</u> through <u>December 31, 2014</u>	Date of election if applicable: (Month, Day, Year) <u>November 4, 2014</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

To correct typo on page 3 and incorrect total on page 4 per request from CEAC

3. Committee Information

I.D. NUMBER
1325587

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

People for Bob Huber-Mayor 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jim King

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 2/26/15 Date

Executed on 2/24/15 Date

Executed on _____ Date

Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>October 19, 2014</u>	CALIFORNIA FORM 460
through <u>December 31, 2014</u>	
Page <u>3</u> of <u>9</u>	I.D. NUMBER <u>1325587</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

People for Bob Huber-Mayor 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>8685.00</u>	\$ <u>46811.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>(25000.00)</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>(16315.00)</u>	\$ <u>46811.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>3975.40</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>(16315.00)</u>	\$ <u>50786.40</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>N/A</u>	\$ <u>N/A</u>
21. Expenditures Made	\$ <u>N/A</u>	\$ <u>N/A</u>

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>1499.50</u>	\$ <u>16240.48</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>1499.50</u>	\$ <u>16240.48</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>1499.50</u>	\$ <u>16240.48</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u> </u> / <u> </u> / <u> </u>	\$ <u>N/A</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u>N/A</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>26401.17</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>(16315.00)</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>125.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>1499.50</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>8711.67</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>October 19, 2014</u> through <u>December 31, 2014</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER People for Bob Huber-Mayor 2014	I.D. NUMBER 1325587
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2014	Saperstein, David	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Tree Town USA	1000.00	1000.00	1000.00
10/20/2014	Saperstein, Hillevi	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1000.00	1000.00	1000.00
10/20/2014	Tree Town USA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00
10/20/2014	Kalapoutis, Jennifer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1000.00	1000.00	1000.00
10/20/2014	Coppola, Shane	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO American Skating Centers	1000.00	1000.00	1000.00

SUBTOTAL \$ 5000.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>8550.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>135.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>8685.00</u>

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee