Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from January 1, 2014 through June 30, 2014

Date of election if applicable: (Month, Day, Year) November 4, 2014

Date Stamp: RECEIVED CITY OF SIMI VALLEY 2014 JUL -8 PM 1:20 OFFICE OF CITY CLERK BY

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Page 1 of 18

For Official Use Only

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

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ◯ Primarily Formed
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

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: contact@huberformayor.com

Treasurer(s)

NAME OF TREASURER: Jim King

MAILING ADDRESS: [illegible]

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 7/8/2014 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 7/8/2014 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Robert O. Huber

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor-City of Simi Valley

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period from January 1, 2014 through June 30, 2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: People for Bob Huber-Mayor 2014

I.D. NUMBER: 1325587

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 18076.00	$ 18076.00
2. Loans Received	*Schedule B, Line 3*	0	(2010)25000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 18076.00	$ 43076.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 18076.00	$ 43076.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 2572.77	$ 2572.77
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2572.77	$ 2572.77
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 2572.77	$ 2572.77

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 3016.15
13. Cash Receipts	*Column A, Line 3 above*	18076.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	2572.77
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 18519.38

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 25,000.00

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).

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	$	$
21. Expenditures Made	$	$

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. 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 January 1, 2014
through June 30, 2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
People for Bob Huber-Mayor 2014

I.D. NUMBER
1325587

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)
4/25/2014	Strayer, Richard	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
4/24/2014	Anderson Rubbish Disposal	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1000.00
4/25/2014	Russo, Robert	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Robert D. Rosso, Attorney at Law	500.00	500.00	500.00
4/24/2014	Mazzapica, Gina	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sales Time Warner Cable	100.00	100.00	100.00
4/25/2014	Collins, Rob	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Trustee SV Unified School Distr.	100.00	100.00	100.00
			SUBTOTAL $	1800.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 16950.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 1126.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 18076.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period
from January 1, 2014
through June 30, 2014

CALIFORNIA FORM 460

NAME OF FILER
People for Bob Huber-Mayor 2014

I.D. NUMBER
1325587

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)
4/25/2014	Phillip Remington Dunn, Attorney at Law	☐IND ☐COM ☒OTH ☐PTY ☐SCC		1000.00	1000.00	1000.00
4/25/2014	Isoplex Arena	☐IND ☐COM ☒OTH ☐PTY ☐SCC		250.00	250.00	250.00
4/26/2014	Altaffer, Joyce	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	100.00
4/24/2014	Troop, Brian	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Real Estate Broker Troop Real Estate	250.00	250.00	250.00
4/27/2014	King, Karen	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Business Manager Valley Vetrinary Clinic	500.00	500.00	500.00
			SUBTOTAL $	2100.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from January 1, 2014
through June 30, 2014

CALIFORNIA FORM 460

NAME OF FILER
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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)
4/28/2014	Bagley, Theodore	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President, HR Amgen, Inc.	100.00	100.00	100.00
4/28/2014	Payne, Brian	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	EDM Services	250.00	250.00	250.00
4/27/2014	Swink, Mary	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Swinks Enterprises	250.00	250.00	250.00
4/30/2014	Rasmussen, Dean	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Rasmussen Real Estate Development	200.00	200.00	200.00
4/28/2014	Jonathan Kurohara, M.D.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
			SUBTOTAL $	900.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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4/29/2014	Skidmore, Raymond	☒IND ☐COM ☐OTH ☐PTY ☐SCC	CPA Skidmore, Markell & Co.	250.00	250.00	250.00
4/29/2014	GH Management Services	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	100.00
4/25/2014	Aberle, Sandra	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	100.00
4/28/2014	Latta. Linda	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Office Manager T-Top Plumbing	100.00	100.00	100.00
5/1/2014	Lansden. Vonda	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	200.00	200.00	200.00
			SUBTOTAL $	750.00		

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Monetary Contributions Received

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5/1/2014	Cornell, Paula	☒IND ☐COM ☐OTH ☐PTY ☐SCC	For the Troops	1000.00	1000.00	1000.00
5/1/2014	Law Offices of Richard S. Rabbin, Inc	☐IND ☐COM ☒OTH ☐PTY ☐SCC		250.00	250.00	250.00
4/28/2014	Pyramid Machining, Inc.	☐IND ☐COM ☒OTH ☐PTY ☐SCC		150.00	150.00	150.00
5/1/2014	Pacific West Builders, Inc.	☐IND ☐COM ☒OTH ☐PTY ☐SCC		200.00	200.00	200.00
5/1/2014	Sadler, David	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250.00	250.00	250.00
			SUBTOTAL $	1850.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
from January 1, 2014
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5/2/2014	Jacobs, Allan	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	200.00	200.00
5/2/2014	Lowell L. Novy, DVM	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1000.00
5/9/2014	Hoffer Auctions	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00
5/1/2014	Handelsman, Lewis	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant, Unisource Services, Inc	500.00	500.00	500.00
5/5/2014	Simi Valley Insurance	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00
			SUBTOTAL $	2300.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
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5/5/2014	True Value Discount Home Center	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	100.00
5/6/2014	Borovay, Larry	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Collections Financial Network Recovery	100.00	100.00	100.00
5/6/2014	Julian, Caesar	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	100.00
5/7/2014	Rancho Simi Insurance Agency	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	100.00
5/8/2014	Sundeen, Randall	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Law Offices of Randall Sundeen	100.00	100.00	100.00
			SUBTOTAL $	500.00		

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5/8/2014	Tapo Pharmacy	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	500.00
5/9/2014	Osowski, Henry	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Managing Director Strategic Health Group	250.00	250.00	250.00
5/9/2014	Manios, Steven	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	500.00	500.00	500.00
5/9/2014	Urban Strategies	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	100.00
5/13/2014	Kadzielski, Mark	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Pepper, Hamilton	250.00	250.00	250.00
			SUBTOTAL $	1600.00		

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Schedule A (Continuation Sheet)
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5/12/2014	Austel, Sharon	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	100.00
5/13/2014	McIntyre, Coleen	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Swinks Tow	250.00	250.00	250.00
5/13/2014	Burge, Sheryl	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Owner 401 Plans, Inc.	1000.00	1000.00	1000.00
5/14/2014	Lindsey, Karen	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Troop Real Estate	250.00	250.00	250.00
5/15/2014	Hibler, Larry	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Auto Dealer Simi Valley Ford	500.00	500.00	500.00
			SUBTOTAL $	2100.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period
from January 1, 2014
through June 30, 2014

CALIFORNIA FORM 460

NAME OF FILER
People for Huber-Mayor 2014

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1325587

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5/15/2014	Owen, R.L.	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Owner All Valley Rental	100.00	100.00	100.00
5/16/2014	Hiagson, Cheney, Nansfield, A Professional Corporation	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	500.00
5/21/2014	ASB Property Management, Inc.	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	100.00
5/28/2014	Construction by DeMill	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	100.00
6/2/2014	Kolz. Ken	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	150.00	150.00	150.00
			SUBTOTAL $	950.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

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1325587

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)
5/30/2014	Dutton, Eric	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Plumber Dutton Plumbing	1000.00	1000.00	1000.00
6/5/2014	Tuttle, Susan	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychotherapist Susan Tuttle, PhD.	100.00	100.00	100.00
6/26/2014	King, James	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1000.00	1000.00	1000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	2100.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

Statement covers period from January 1, 2014 through June 30, 2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: People for Bob Huber-Mayor 2014

I.D. NUMBER: 1325587

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Robert Huber †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner, Law Office of Robert O. Huber	$ 25000.00	$ 0	☐ PAID $ ____ ☐ FORGIVEN $ 0	$ 25000.00 None DATE DUE	0 % RATE $ 0	$ 25000.00 2010 DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ -
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____ % RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE	____ % RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $ 0		$ 0	$ 25000.00	$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 0 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period
from January 1, 2014
through June 30, 2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: People for Bob Huber-Mayor 2014

I.D. NUMBER: 1325587

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Simi Valley Chamber of Commerce 40 W. Cochran St. Ste. 100 Simi Valley, CA 93065		Fee for Street Fair Booth	150.00
Simi Valley Chamber of Commere 40 W. Cochran St. Ste. 100 Simi Valley, CA 93065		Annual Chamber Membership	197.00
Temple Media 8520 National Blvd. Culver City, CA 90323		Web Hosting	200.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 547.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 2566.77
2. Unitemized payments made this period of under $100 ..... $ 6.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 2572.77

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from January 1, 2014 through June 30, 2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: People for Bob Huber-Mayor 2014

I.D. NUMBER: 1325587

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Scally Rags T-Shirts 727 S. State College Blvd. Ste. D Fullerton, CA 92831		Campaign T-Shirts	534.39
All About Printing 20936 Devonshire St., Ste. E Chatsworth, CA 91311		Letterhead & Envelopes	529.13
COSTCO 2660 Park Center Dr. Simi Valley, CA 93065		Postage Stamps	146.25
Pam Perry 3436 Avenida Simi Simi Valley, CA 93065		Helium for Street Fair Balloons	200.00
Balloons Tomorrow 3590 Utah Ave. N.E. Iowa City, IA 52240		Balloons for Street Fair	149.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1558.77

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from January 1, 2014 through June 30, 2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: People for Huber-Mayor 2014

I.D. NUMBER: 1325587

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Smart N Final 1856 B Erringer Rd. Simi Valley, CA 93065		Supplies for Street Fair	119.75
COSTCO 2660 Park Center Dr. Simi Valley, CA 93065		Postage Stamps	341.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 461.00