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 July 1, 2014 through September 30, 2014

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

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CALIFORNIA FORM **460**

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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
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

Second amended report to address CEAC requests for clarification and check arithmetic on P. 16, Schedule C Summary Line 1

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 10/21/2014 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/21/2014 (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)

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from July 1, 2014
through September 30, 2014

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)
7/1/2014	Carmichael, Chuck	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1000.00	1000.00	1000.00
7/2/2014	Tash, Delora	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	V.P. GT Water Products	250.00	250.00	250.00
7/11/2014	Law Offices of Richard Rabbin, Inc.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	400.00	400.00
7/11/2014	Edwards, Bill	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	125.00	175.00	175.00
7/11/2014	Martinez, Sue	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Certified Home Healthcare Assistant Simi Valley Hospital	200.00	200.00	200.00
			SUBTOTAL $	1725.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 17575.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 325.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 17900.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from July 1, 2014
through September 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)
7/23/2014	Altafer, Joyce	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	200.00	200.00
7/23/2014	Simi Valley Family Dental Office	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200.00	200.00	200.00
7/23/2014	Gross, Lolly Jean	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Artist, Freelance	200.00	200.00	200.00
7/25/2014	Stermer, Richard	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CPA Hoffman, Stermer & Assicuates	200.00	200.00	200.00
7/29/2014	Wales, Scott	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mathemetician, Self Emplouyed: Scott Wales, Mathemetician	200.00	200.00	200.00
			SUBTOTAL $	900.00		

*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

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from July 1, 2014
through September 30, 2014

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2014	May's Kitchen Catering	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Catering for fundraiser-100 people at $10 per	1000.00	1000.00	1000.00
7/1/2014	JYC Inc. dba The Junkyard Cafe	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Food for fundraiser-100 people at $10 per	1000.00	1000.00	1000.00
7/1/2014	Magnavino Winery	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Wine for fundraiser	962.40	962.40	962.40
7/1/2014	Barakat, Hakim	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Owner First Street Liquor	Beer, wine and water for fundraiser	304.00	304.00	304.00

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 3266.40

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 3416.40
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 59.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 3475.40

*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