Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from January 1, 2016
through June 30, 2016

Date of election if applicable: N/A

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - Recall
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
     - Also file a Form 410 Termination
   - Amendment (Explain below)

3. Committee Information
   I.D. NUMBER 1325587
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   People for Bob Huber-Mayor 2016

   STREET ADDRESS (NO P.O. BOX)
   Simi Valley, CA 93065

   Mailing Address (If Different) No. and Street or P.O. Box
   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 9/27/16
   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on 9/27/16
   By ____________________________
   Signature of Controlling Officer/Hex nominal, Candidate, State Measure Proponent or Responsible Official of Sponsor

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officer, Candidate, State Measure Proponent

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officer, Candidate, State Measure Proponent

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FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule A
Monetary Contributions Received

**NAME OF FILER**
People for Bob Huber-Mayor 2016

**DATE RECEIVED** | **FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR** | **CONTRIBUTOR CODE** | **IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER** | **AMOUNT RECEIVED THIS PERIOD** | **CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)** | **PER ELECTION TO DATE (IF REQUIRED)** | **I.D. NUMBER**
---|---|---|---|---|---|---|---
5/5/2016 | Evans, Wayne | IND | Retired | 100.00 | 100.00 | 100.00 | 1325587

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) $100.00
2. Amount received this period – unitemized monetary contributions of less than $100 $0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $100.00