Cover Page

Statement covers period from July 1, 2017 through December 31, 2017

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

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

- [ ] 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:

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

3. Committee Information

- I.D. NUMBER
  - 1325587

- COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
  - People for Bob Huber-Mayor 2018

- STREET ADDRESS (NO P.O. BOX)
  -

- CITY
  - Simi Valley
- STATE
  - CA
- ZIP CODE
  - 93065

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

- CITY
  - Simi Valley
- STATE
  - CA
- ZIP CODE
  - 93065

- 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 7/19/18

By

signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 7/19/18

By

signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on 7/19/18

By

signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on 7/19/18

By

signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on 7/19/18

By

signature of Controlling Officerholder, Candidate, State Measure Proponent

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### 5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert O. Huber</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Sought or Held (Include Location and District Number if Applicable)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayor-City of Simi Valley</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential/Business Address (No. and Street)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simi Valley</td>
<td>CA</td>
<td></td>
<td>93065</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>I.D. Number</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Treasurer</th>
<th>Controlled Committee?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee Address</th>
<th>Street Address (No. P.O. Box)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone</th>
</tr>
</thead>
</table>

### 6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>Name of Ballot Measure</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ballot No. or Letter</th>
<th>Jurisdiction</th>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Officeholder, Candidate, or Proponent</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Office Sought or Held</th>
<th>District No. if Any</th>
</tr>
</thead>
</table>

### 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
<th>Office Sought or Held</th>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
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</table>

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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
<th>Office Sought or Held</th>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
</table>

**Attach continuation sheets if necessary**
### Summary Page

**Contributions Received**

1. Monetary Contributions: Schedule A, Line 3 $0.00
2. Loans Received: Schedule B, Line 3 $0.00
3. SUBTOTAL CASH CONTRIBUTIONS: Add Lines 1 + 2 $0.00
4. Nonmonetary Contributions: Schedule C, Line 3 $0.00
5. TOTAL CONTRIBUTIONS RECEIVED: Add Lines 3 + 4 $0.00

**Expenditures Made**

6. Payments Made: Schedule E, Line 4 $1,274.95
7. Loans Made: Schedule H, Line 3 $0.00
8. SUBTOTAL CASH PAYMENTS: Add Lines 6 + 7 $1,274.95
9. Accrued Expenses (Unpaid Bills): Schedule F, Line 3 $0.00
10. Nonmonetary Adjustment: Schedule C, Line 3 $0.00
11. TOTAL EXPENDITURES MADE: Add Lines 8 + 9 + 10 $1,274.95

**Current Cash Statement**

12. Beginning Cash Balance: Previous Summary Page, Line 16 $5,432.43
13. Cash Receipts: Column A, Line 3 above $0.00
14. Miscellaneous Increases to Cash: Schedule I, Line 4 $0.00
15. Cash Payments: Column A, Line 8 above $1,274.95
16. ENDING CASH BALANCE: Add Lines 12 + 13 + 14, then subtract Line 15 $4,157.48

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

20. Contributions Received $N/A $N/A
21. Expenditures Made $N/A $N/A

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
   - Date of Election (mm/dd/yy)
   - Total to Date $N/A

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

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**Note:** Amounts may be rounded to whole dollars.

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**People for Bob Huber-Mayor 2018**

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## Schedule D
### Summary of Expenditures
Supporting/Opposing Other Candidates, Measures and Committees

**NAME OF FILER**
People for Bob Huber-Mayor 2018

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/8/2017</td>
<td>People for Bob Huber-Ventura County Supervisor 4th District 2018 #1400662</td>
<td>☑ Monetary Contribution</td>
<td>Support</td>
<td>750.00</td>
<td>750.00</td>
<td>750.00</td>
</tr>
<tr>
<td></td>
<td>☑ Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ....................................................... $ __750.00__
2. Unitemized contributions and independent expenditures made this period of under $100 .................................................................................... $ __0__
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .......... TOTAL: $ __750.00__

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CALIFORNIA FORM 460

Statement covers period from **July 1, 2017** through **December 31, 2017**

Page 4 of 5

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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from __ Jul, 2017 __
through December 31, 2017

NAME OF FILER
People for Bob Huber-Mayor 2018

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

NAME AND ADDRESS OF PAYEE
(If committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campaign direct phone line</td>
<td>254.95</td>
</tr>
<tr>
<td>E-mail marketing service</td>
<td>225.00</td>
</tr>
<tr>
<td>Contribution to Supervisor Campaign</td>
<td>750.00</td>
</tr>
</tbody>
</table>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $ 1229.95
2. Unitemized payments made this period of under $100 ................................................................. $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .......... TOTAL $ 1229.95

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