**Recipient Committee**
**Campaign Statement**
**Cover Page**
(Government Code Sections 84200-84216.5)

**SEE INSTRUCTIONS ON REVERSE**

1. **Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
   - [X] Officeholder, Candidate Controlled Committee
   - [ ] Ballot Measure Committee
   - [ ] Primarily Formed
   - [ ] Sponsoring
   - [ ] Sponsored
   - [ ] General Purpose Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee

2. **Type of Statement:**
   - [X] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
   - [ ] Amendment (Explain below)

3. **Committee Information**
   - **I.D. NUMBER:** 1325587
   - **COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):** People for Bob Huber-Mayor 2012
   - **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:**

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:** 11/13/12 **Date:**
   - **By:**
   - **Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor:**

   **Executed on:** 11/13/12 **Date:**
   - **By:**
   - **Signature of Controlling Officeholder, Candidate, State Measure Proponent:**

   **Executed on:** **Date:**
   - **By:**
   - **Signature of Controlling Officeholder, Candidate, State Measure Proponent:**

   **FPPC Form 460 (June/01)**
   **FPPC Toll-Free Helpline: 866/ASK-FPPC**
   **State of California**
# Schedule A
## Monetary Contributions Received

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

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED 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>10/1/12 Law Offices of Mitchell Ellis Green</td>
<td></td>
<td></td>
<td>250.00</td>
<td>200.00</td>
<td>200.00</td>
</tr>
<tr>
<td>10/1/12 Sandra Aberle</td>
<td></td>
<td></td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>10/1/12 Wm. L. Morris Chevrolet</td>
<td></td>
<td></td>
<td>250.00</td>
<td>250.00</td>
<td>250.00</td>
</tr>
<tr>
<td>10/4/12 California Real Estate PAC</td>
<td></td>
<td></td>
<td>1000.00</td>
<td>1000.00</td>
<td>1000.00</td>
</tr>
<tr>
<td>10/4/12 Mid Valley Properties</td>
<td></td>
<td></td>
<td>1000.00</td>
<td>1000.00</td>
<td>1000.00</td>
</tr>
</tbody>
</table>

| SUBTOTAL $ | 2600.00 |

### Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ............................................................. $ 7700.00

2. Amount received this period – unitemized contributions of less than $100 ............................................................................. $ 175.00

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 7875.00

*Contributor Codes

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

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED 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>10/16/12</td>
<td>Grant, Renee</td>
<td>[ ] IND</td>
<td>Realtor, Century 21 Hilltop Realtors</td>
<td>250.00</td>
<td>250.00</td>
<td>250.00</td>
</tr>
<tr>
<td>10/18/12</td>
<td>FAF Investment Company</td>
<td>[ ] IND</td>
<td></td>
<td>250.00</td>
<td>250.00</td>
<td>250.00</td>
</tr>
<tr>
<td>10/18/12</td>
<td>Russo, Robert</td>
<td>[ ] IND</td>
<td>Attorney, Robert D Russo, A Professional Corporation</td>
<td>350.00</td>
<td>350.00</td>
<td>350.00</td>
</tr>
<tr>
<td>10/19/12</td>
<td>Law Offices of Richard S. Rabbin, Inc.</td>
<td>[ ] IND</td>
<td></td>
<td>100.00</td>
<td>350.00</td>
<td>350.00</td>
</tr>
<tr>
<td>10/19/12</td>
<td>Henthorn, Ginger</td>
<td>[ ] IND</td>
<td>Self-employed, Bend-Pac, Inc.</td>
<td>250.00</td>
<td>500.00</td>
<td>500.00</td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 1200.00

*Contributor Codes

IND - Individual
COM - Recipient Committee
(Other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee