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.
   - Officierholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - General Purpose Committee
   - Primarily Formed Candidate/Officierholder Committee
   - Primarily Formed Ballot Measure Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored
   - Primarily Formed Candidate/Officierholder Committee

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement
   - Amendment (Explain below)
   - Quarterly Statement
   - Special Odd-Year Report
   - Supplemental Pre-election 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
   - MAILING ADDRESS:
   - CITY
   - STATE
   - ZIP CODE
   - 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: 06/21/2014
   Executed on: 10/21/2014
   Executed on: 
   Executed on: 

   By: [Signature]
   [Title]

State of California
FPPC Form 460 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule A
### Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>People for Bob Huber-Mayor 2014</th>
</tr>
</thead>
</table>

**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)** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2014</td>
<td>Carmichael, Chuck</td>
<td>IND COM OTH PTY SCC</td>
<td>Retired</td>
<td>1000.00</td>
<td>1000.00</td>
<td>1000.00</td>
</tr>
<tr>
<td>7/2/2014</td>
<td>Tash, Delora</td>
<td>IND COM OTH PTY SCC</td>
<td>V.P. GT Water Products</td>
<td>250.00</td>
<td>250.00</td>
<td>250.00</td>
</tr>
<tr>
<td>7/11/2014</td>
<td>Law Offices of Richard Rabbin, Inc.</td>
<td>IND COM OTH PTY SCC</td>
<td>Retired</td>
<td>150.00</td>
<td>400.00</td>
<td>400.00</td>
</tr>
<tr>
<td>7/11/2014</td>
<td>Edwards, Bill</td>
<td>IND COM OTH PTY SCC</td>
<td>Certified Home Healthcare Assistant Simi Valley Hospital</td>
<td>125.00</td>
<td>175.00</td>
<td>175.00</td>
</tr>
<tr>
<td>7/11/2014</td>
<td>Martinez, Sue</td>
<td>IND COM OTH PTY SCC</td>
<td>Certified Home Healthcare Assistant Simi Valley Hospital</td>
<td>200.00</td>
<td>200.00</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule A (Continuation Sheet)

**Monetary Contributions Received**

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

#### Statement covers period
- **from July 1, 2014**
- **through September 30, 2014**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<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>7/23/2014</td>
<td>Altafer, Joyce</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td>200.00</td>
<td>200.00</td>
</tr>
<tr>
<td>7/23/2014</td>
<td>Simi Valley Family Dental Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/23/2014</td>
<td>Gross, Lolly Jean</td>
<td>☑ IND</td>
<td>Artist, Freelance</td>
<td>200.00</td>
<td>200.00</td>
<td>200.00</td>
</tr>
<tr>
<td>7/25/2014</td>
<td>Stermer, Richard</td>
<td>☑ IND</td>
<td>CPA Hoffman, Stermer &amp; Associates</td>
<td>200.00</td>
<td>200.00</td>
<td>200.00</td>
</tr>
<tr>
<td>7/29/2014</td>
<td>Wales, Scott</td>
<td>☑ IND</td>
<td>Mathematician, Self Employed: Scott Wales, Mathematician</td>
<td>200.00</td>
<td>200.00</td>
<td>200.00</td>
</tr>
</tbody>
</table>

**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.

### See Instructions on Reverse

**NAME OF FILER**

People for Bob Huber-Mayor 2014

<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>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</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>7/1/2014</td>
<td>May's Kitchen Catering</td>
<td>☑IND</td>
<td></td>
<td>Catering for fundraiser-100 people at $10 per</td>
<td>1000.00</td>
<td>1000.00</td>
<td>1000.00</td>
</tr>
<tr>
<td>7/1/2014</td>
<td>JYC Inc. dba The Junkyard Cafe</td>
<td>☑IND</td>
<td></td>
<td>Food for fundraiser-100 people at $10 per</td>
<td>1000.00</td>
<td>1000.00</td>
<td>1000.00</td>
</tr>
<tr>
<td>7/1/2014</td>
<td>Magnavino Winery</td>
<td>☑IND</td>
<td></td>
<td>Wine for fundraiser</td>
<td>962.40</td>
<td>962.40</td>
<td>962.40</td>
</tr>
<tr>
<td>7/1/2014</td>
<td>Barakat, Hakim</td>
<td>☑IND</td>
<td></td>
<td>Owner First Street Liquor Beer, wine and water for fundraiser</td>
<td>304.00</td>
<td>304.00</td>
<td>304.00</td>
</tr>
</tbody>
</table>

**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

FPPC Form 460 (January/85)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)