Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp RECEIVED CITY OF SIMI VAL	CALIFORNIA 460 2001/02 LEY FORM
	Statement covers period fromJanuary 1, 2014		2014 JUL -8 PM Office of city cu	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through June 30, 2014	November 4, 2014	BY Un Sparis	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee	Ballot Measure Committee Primarily Formed Controlled Sponsored Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			
3. Committee information	D. NUMBER 1325587	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
People for Bob Huber-Mayor 2014		Jim King		
		t to consymptor repor		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP GODE AREA CODE/PHONE
CITY STATE ZIP C	ODE ARÉA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS	t de comment de la comment de la companya de la co	
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDI	RESS	
4. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State	wing this statement and to the best of my e of California that the foregoing is true a	y knowledge the information contain and correct.	ed herein and in the attac	ched schedules is true and complete. I
Executed on 7/8/2014	By By	Signature of Treasurer or Assistant	1 Treasurer	
Executed on	Signature of co	ntrolling Office holder, Candidate, State Measure Pr	roponent or Responsible Officer of Sp	oonsor
Executed on	Βν	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	polangina to the following of the effects
Executed on	Ву	Signature of Controlling Officeholder, Candidate	State Measure Pronoment	FPPC Form 460 (June/01)

FPPC Form 450 (June201)
FPPC Toil-Free Helpline: 868/ASK-FPPC
State of California

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COV	ER PAGE-PART 2
CALL	FORN	IIA ACA
	ORM	^{11A} 460
	2	18
t ⊬ade _		07 1

Officeholder or Candidate Controlled Co	mmittee	6.	Ballot Measure Comm	ittee			
NAME OF OFFICEHOLDER OR CANDIDATE	kernyanya da untaka bermulah ana mana mana mana mana mana mana da mana da mana man		NAME OF BALLOT MEASURE				
Robert O. Huber			agent taken and an anyong inche antycht for an or of the announce of the anyone had an or of the anyone for the announce of th				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	吕	SUPPORT OPPOSE
Mayor-City of Simi Valley							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or stat	e measure p	roponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		T ^D	DISTRICT NO. IF	= ANY
COMMITTEE NAME	I.D. NUMBER						
		7.	Primarily Formed Cor	mmittaa lis	t names of affice	haldowal as as	H 1 - 4 3 B
NAME OF TREASURER	CONTROLLED COMMITTEE?	• •	which this committee is prin		names or omcer	norder(s) or ca	indidate(s) for
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO I	YES NO	•		narily formed.	OFFICE SOUGH		SUPPORT OPPOSE
	YES NO		which this committee is prin	marily formed.		HT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO I	YES NO	•	which this committee is printed and the of officeholder or	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS (NO I	P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		which this committee is printed and the of officeholder or name of officeholder or	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO I	P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		which this committee is printed in the committee of officeholder or name of officeholder or name of officeholder or	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

FPPC Toll-Free Helpline: 866/ASK-FPPC

SEE INSTRUCTIONS ON REVERSE NAME OF FILER People for Bob Huber-Mayor 2014 1325587 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 18076.00 18076.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date (2010)25000.00 Loans Received Schedule B. Line 3 18076.00 43076.00 20. Contributions Received O Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 18076.00 43076.00 Made **Expenditures Made Expenditure Limit Summary for State** 2572.77 6. Payments Made Schedule E, Line 4 \$ **Candidates** 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 2572.77 2572.77 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 2572.77 2572.77 **Current Cash Statement** 3016,15 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 18076.00 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last report. Some amounts in 2572,77 Column A may be negative 18519.38 figures that should be 16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents See instructions on reverse \$ 25,000.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (June/01)

Calandada A

Type or print in lok

Scredule A Monetary Contributions Received		Amount	s may be rounded	Statement covers period			SCHEDULE A		
Miolierala colinibringuis vecelaed		to	whole dollars.	from January 1, 2014		CALIFORNIA 46			
SEE INSTRUCTION	NS ON REVERSE			through June	30, 2014	Page	4 of 18		
NAME OF FILER						I.D. N	UMBER		
People for B	ob Huber-Mayor 2014					1325	587		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
4/25/2014	Strayer, Richard	IND COM OTH PTY SCC	Retired	100.00	100	0.00	100.00		
4/24/2014	Anderson Rubbish Disposal	☐IND ☐COM ØOTH ☐PTY ☐SCC		1000.00	1000	00.	1000.00		
		F-3.1.15		T	 				

4/25/2014	Strayer, Richard	COM DOTH DPTY SCC	Retired	100.00	100.00	100.00
4/24/2014	Anderson Rubbish Disposal	☐IND ☐COM MEOTH ☐PTY ☐SCC		1000.00	1000.00	1000.00
4/25/2014	Russo, Robert	IND COM OTH SEC	Robert D. Rosso, Attorney at Law	500.00	500.00	500.00
4/24/2014	Mazzapica, Gina	©IND COM OTH PTY Sec	Sales Time Warner Cable	100.00	100.00	100.00
4/25/2014	Collins, Rob	COM COM OTH PTY SCC	Trustee SV Unified School Distr.	100.00	100.00	100.00
			SUBTOTAL	\$ 1800.00		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. 16950.00 (Include all Schedule A subtotals.)\$ 1126.00 2. Amount received this period – unitemized contributions of less than \$100\$

3. Total monetary contributions received this period. 18076.00

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

January 1, 2014

			And the second s	from January	y 1, 2014	FOI	KIM .	
				through June ;			5 of	18
NAME OF FILER People for Bo	ob Huber-Mayor 2014				1	I.D. NUME 132558		
r echie ini ni	ne inne male na il					102000	, i	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER J.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. S	AR	PER ELEC TO DAT (IF REQUI	TE
4/25/2014	Phillip Remington Dunn, Attorney at Law	☐IND ☐COM IXOTH ☐PTY ☐SCC		1000.00	1000.	.00		1000.00
4/25/2014	Isoplex Arena	□IND □COM IND □TH □PTY □SCC		250.00	250.	.00		250.00
4/26/2014	Altaffer, Joyce	MIND COM OTH PTY SCC	Retired	100.00	100.	.00		100.00
4/24/2014	Troop, Brian	IND COM COM OTH PTY SCC	Real Estate Broker Troop Real Estate	250.00	250.	.00		250.00
4/27/2014	King, Karen	IND COM OTH PTY SCC	Business Manager Valley Vetrinary Clinic	500.00	500.	.00		500.00
			SUBTOTAL	\$ 2100.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

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

	SCHEDULE A (CONT.)
Statement covers period	CALIFORNIA ACO
from January 1, 2014	
through June 30, 2014	Page 6 of 18
and the second section of the second consistency of the second constitution	I.D. NUMBER

NAME OF FILER					1.5	NUMBER
People for B	ob Huber-Mayor 2014				13	25587
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
4/28/2014	Bagley, Theodore	COM COM OTH PTY SCC	Vice President, HR Amgen, Inc.	100.00	100.00	100.00
4/28/2014	Pavne. Brian	IND COM OTH PTY SCC	EDM Services	250.00	250.00	250.00
4/27/2014	Swink, Mary	MIND COM OTH PTY SCC	Swinks Enterprises	250,00	250.00	250.00
4/30/2014	Rasmussen, Dean	COM COM OTH PTY SCC	Rasmussen Real Estate Development	200.00	200.00	200.00
4/28/2014	Jonathan Kurohara, M.D.	□IND □COM ⊠OTH □PTY □SCC		100.00	100.00	100.00
			SUBTOTAL	\$ 900.00		

*Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

People for Huber-Mayor 2014

NAME OF FILER

Type or print in ink.

SCHEDULE A (CONT.)

Amounts may be rounded to whole dollars.	Statement covers period from January 1, 2014	CALIFORNIA 460
	through June 30, 2014	Page7 of18
		1.D. NUMBER 1325587

. cop.o	abor wayor zorr				1020	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. 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)
4/29/2014	Skidmore, Raymond	IND COM OTH PTY SCC	CPA Skidmore, Markell & Co.	250.00	250.00	250.00
4/29/2014	GH Management Services	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	100.00	100.00
4/25/2014	Aberle, Sandra	IND COM OTH SCC	Retired	100.00	100.00	100.00
4/28/2014	Latta. Linda	MIND COM OTH PTY scc	Office Manager T-Top Plumbing	100.00	100.00	100.00
5/1/2014	Lansden. Vonda	MIND COM OTH PTY SCC	Retired	200.00	200.00	200,00
		<u> </u>	SUBTOTAL	\$ 750.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

			SOM	ENULE	W (rich	MI
Sta	tement covers period	CALI	ORN	JIA	40	
from	January 1, 2014		ORM		40	
through	June 30, 2014	- Page _	8	of _	18	~
		I.D. NU	VIBER	· · · · · · · · · · · · · · · · · · ·		

NAME OF FILER

People for Huber-Mayor 2014

1325587

eoble for th	uber-Mayor 2014				1325	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.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)
5/1/2014	Cornell, Paula	IND COM OTH PTY SCC	For the Troops	1000.00	1000.00	1000.00
5/1/2014	Law Offices of Richard S. Rabbin, Inc	□IND □COM ⊠OTH □PTY □SCC		250.00	250.00	250.00
4/28/2014	Pyramid Machining, Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		150.00	150.00	150.00
5/1/2014	Pacific West Builders, Inc.	□IND □COM MOTH □PTY □SCC		200.00	200.00	200.00
5/1/2014	Sadler, David	IND COM OTH SCC	Retired	250.00	250.00	250.00
			SUBTOTAL	\$ 1850.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

Statement covers period from January 1, 2014 CALIFORNIA 460

through June 30, 2014 Page 9 of 18

NAME OF FILER

People for Huber-Mayor 2014

I.D. NUMBER 1325587

Cobic to: 11	doci-wayor com				10200	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.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)
5/2/2014	Jacobs, Allan	IND COM OTH PTY SCC	Retired	200.00	200.00	200.00
5/2/2014	Lowell L. Novy, DVM	□IND □COM SOTH □PTY □SCC		1000.00	1000.00	1000.00
5/9/2014	Hoffer Auctions	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500,00	500.00	500.00
5/1/2014	Handelsman, Lewis	IND COM OTH PTY SCC	Consultant, Unisource Services, Inc	500.00	500.00	500.00
5/5/2014	Simi Valley Insurance	□IND □COM ⊠OTH □PTY □SCC		100.00	100.00	100.00
			SUBTOTAL	\$ 2300.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

	State	ment covers period	CALIFORNIA ACO				
	from	January 1, 2014	FORM 460				
	through.	June 30, 2014	Page 10 of 18				
···	<u> </u>		I.D. NUMBER				
			1325587				

People for Huber-Mayor 2014

NAME OF FILER

		Company of the Compan			1020	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERILD. 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 FO DATE (IF REQUIRED)
5/5/2014	True Value Discount Home Center	☐IND ☐COM 図OTH ☐PTY ☐SCC		100.00	100.00	100.00
5/6/2014	Borovav. Larrv	☑IND □COM □OTH □PTY □SCC	Collections Financial Network Recovery	100.00	100.00	100.00
5/6/2014	Julian, Caesar	IND COM OTH PTY SCC	Retired	100,00	100.00	100.00
5/7/2014	Rancho Simi Insurance Agency	□IND □COM ⊠OTH □PTY □SCC		100.00	100.00	100.00
5/8/2014	Sundeen, Randall	IND COM OTH PTY SCC	Attorney Law Offices of Randall Sundeen	100.00	100.00	100.00
SUBTOTAL\$ 500.00						

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may t to whole d	· · · · · · · · · · · · · · · · ·	Statement covers period from January 1, 2014		CALIFORNIA 460		
				through June	30, 2014	Page 1	1 of	18
NAME OF FILER						I.D. NUMBE	R	
People for H	luber-Mayor 2014					1325587		
	SHILL NAME STREET ADDRESS AND 719 CODE OF COM	TOIRIITAR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DDATE	PER ELEC	TION

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	
5/8/2014	Tano Pharmacv	□IND □COM ⊠OTH □PTY □SCC		500.00	500.00	500.00	
5/9/2014	Osowski, Henry	MIND COM OTH PTY SCC	ICOM Managing Director OTH Strategic Health Group PTY		250.00	250.00	
5/9/2014	Manios, Steven	EIND COM OTH PTY SCC	Retired	500,00	500.00	500.00	
5/9/2014	Urban Strategies	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	100.00	100.00	
5/13/2014	Kadzielski, Mark	IND COM OTH PTY	Attorney Pepper, Hamilton	250.00	250.00	250.00	
SUBTOTAL\$ 1600.00							

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

State	ement covers period	CALIFORNIA ACO
from	January 1, 2014	FORM 46U
through.	June 30, 2014	Page 12 of 18
		I.D. NUMBER
		1325587

People for Huber-Mayor 2014

NAME OF FILER

THE PERSON NAMED IN COLUMN 2 I		National Indiana and Indiana				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER).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)
5/12/2014	Austel, Sharon	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	100.00
5/13/2014	McIntyre, Coleen	☑IND □COM □OTH □PTY □SCC	Owner Swinks Tow	250,00	250.00	250.00
5/13/2014	Burge, Sheryl	IND COM OTH PTY SCC	Owner 401 Plans, Inc.	1000,00	1000.00	1000.00
5/14/2014	Lindsey, Karen	IND COM OTH PTY Scc	Realtor Troop Real Estate	250.00	250.00	250.00
5/15/2014	Hibler. Larrv	IND □COM □OTH □PTY □SCC	Auto Dealer Simi Valley Ford	500,00	500.00	500.00
			SUBTOTAL	2100.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

Statement covers period from January 1, 2014	california 460 form					
through June 30, 2014	Page 13 of 18					
 and a second to your against the second to the second	I.D. NUMBER					
	1325587					

People for Huber-Mayor 2014

NAME OF FILER

					1323	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERED, 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)
5/15/2014	Owen, R.L.	IND COM	Owner All Valley Rental	100.00	100.00	100.00
5/16/2014	Hiagson, Cheney, Nansfield, A Professional Corporation	☐IND ☐COM 図OTH ☐PTY ☐SCC		500.00	500.00	500.00
5/21/2014	ASB Property Management, Inc.	☐IND ☐COM ØOTH ☐PTY ☐SCC		100.00	100.00	100.00
5/28/2014	Construction by DeMill	☐IND ☐COM SEOTH ☐ PTY ☐SCC		100.00	100.00	100.00
6/2/2014	Kolz. Ken	IND COM	Retired	150.00	150.00	150.00
			SUBTOTAL	950.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

contraction (date)	/
······································	and the same
CALIFORNIA ACA	
CALIFORNIA 460	2006
EOIRIVIDADE AVATA	
	. C.
	24

SCHEDULE A (CONT.)

January 1, 2014 June 30, 2014 14 18 through Page . I.D. NUMBER

Statement covers period

NAME OF FILER People for Huber-Mayor 2014

1325587 IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE PERELECTION** FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) **ZIND** Plumber 1000.00 1000.00 5/30/2014 Dutton, Eric 1000.00 □ COM **Dutton Plumbing** Потн □ PTY □scc **Z**IND **Psychotherapist** 100.00 100.00 Tuttle Susan 6/5/2014 100.00 □сом Susan Tuttle, PhD. □отн □ PTY SCC **X**IND King, James Retired 1000.00 1000.00 6/26/2014 1000.00 СОМ ПОТН **□PTY** □scc □IND СОМ **□**OTH □PTY □SCC □сом Потн □ PTY SCC 2100.00 SUBTOTAL\$

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule B - Part 1

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

SCHEDULE B-PART 1 Statement covers period CALIFORNIA

Loans Received		And an an an angle of the control of	.		from Januar	y 1, 2014	FORM	
SEE INSTRUCTIONS ON REVERSE					through June	30, 2014	Page 15	of18
NAME OF FILER							I.D, NUMBER	
People for Bob Huber-Mayor 2014							1325587	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Rohert Huher	Business Owner, Law Office of Robert O. Huber			PAID \$ FORGIVEN	\$ 25000.00	O %	s <u>25000.00</u>	CALENDAR YEAR \$ PER ELECTION**
TEN IND □ COM □ OTH □ PTY □ SCC		\$ 25000.00	\$0	\$	None DATE DUE	\$0	2010 DATE INCURRED	\$
		\$	\$	PAID \$ FORGIVEN \$	\$	RATE %	\$	CALENDAR YEAR \$ PER ELECTION *** \$
TO IND COM OTH PTY SCC				PAID \$FORGIVEN	_ s		\$	CALENDAR YEAR \$ PER ELECTION***
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	<u> </u>
		SUBTOTALS :	\$ 0	\$	0 \$ 25000.00			
Schedule B Summary				ф	0	(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan	s less than \$100. <u>)</u>				0	•		rgiven or paid by y also must be Schedule A.
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	0 paid or forgiven.)			P		-	** If required	i.
Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.) ry Page, Column A, Line 2.	*******************	,,,,.	. NET \$ _	(May be a negative number)			
† Contributor Codes	other than PTY or SCC) OTH	-Other PTY-I	Political Party	SCC – Small C	ontributor Committee		FPPC Fo	rm 460 (June/01

FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E **Payments Made**

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

	SCHEDULEE
Statement covers period	CALIFORNIA 160
from January 1, 2014	FORM 400
through June 30, 2014	Page 16 of 18
 **************************************	I.D. NUMBER
	1325587

SEE INSTRUCTIONS ON REVERSE NAME OF FILER People for Bob Huber-Mayor 2014 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications campaign paraphernalia/misc. RAD radio airtime and production costs MTG meetings and appearances CNS campaign consultants RFD returned contributions office expenses OFC SAL campaign workers' salaries CTB contribution (explain nonmonetary)* PET petition circulating CVC civic donations TEL t.v. or cable airtime and production costs PHO phone banks candidate travel, lodging, and meals candidate filing/ballot fees POL polling and survey research staff/spouse travel, lodging, and meals fundraising events independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND professional services (legal, accounting) legal defense VOT voter registration PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Fee for Street Fair Booth Simi Valley Chamber of Commerce 150.00 40 W. Cochran St. Ste. 100 Simi Valley, CA 93065 Annual Chamber Membership Simi Valley Chamber of Commere 197.00 40 W. Cochran St. Ste. 100 Simi Valley, CA 93065 Web Hosting Temple Media 200.00 8520 National Blvd. Culver City, CA 90323 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 547.00 **SUBTOTALS** Schedule E Summary 2566.77 6.00 Ω 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

2572.77

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA AGO
from January 1, 2014	FORM 400
through June 30, 2014	Page 17 of 18
—————————————————————————————————————	I.D. NUMBER 1325587

People for Bob Huber-Mayor 2014 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances returned contributions CNS campaign consultants OFC office expenses campaign workers' sataries CTB contribution (explain nonmonetary)* PET petition circulating t.v. or cable airtime and production costs CVC civic donations candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals polling and survey research POL fundraising events independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor ND professional services (legal, accounting) voter registration PRO LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Campaign T-Shirts Scally Rags T-Shirts 534.39 727 S. State College Blvd, Ste. D Fullerton, CA 92831 Letterhead & Envelopes All About Printing 529.13 20936 Devonshire St., Ste. E Chatsworth, CA 91311 Postage Stamps COSTCO 146.25 2660 Park Center Dr. Simi Valley, CA 93065 Helium for Street Fair Balloons Pam Perry 200.00 3436 Avenida Simi Simi Valley, CA 93065 Balloons for Street Fair **Balloons Tomorrow** 149.00 3590 Utah Ave. N.E. Iowa City, IA 52240

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

SUBTOTAL \$

1558,77

Schedule	E	
(Continual	tion	Sheet)
Payments	Mac	ek

Type or print in ink.

SCHEDULE E (CONT.)

ontinuation Sheet) ayments Made	Amounts may be rounded to whole dollars.	from January 1, 2014	california 460 FORM	
E INSTRUCTIONS ON REVERSE		through June 30, 2014	Page 18 of 18	
ME OF FILER			I.D. NUMBER	
People for Huber-Mayor 2014			1325587	
SDES. If one of the following codes accura	ately describes the nayment you may enter the code Of	Jenvise describe the navment		

CODES: If one of the following codes accurately describes 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 LIT campaign literature and mailings	MBR member com meetings and OFC office expen petition circui PHO phone banks POL polling and s POS postage, deli	munications I appearance ses lating survey resear	Res R S S TI TCh TI Sesenger services Ti accounting) T	AD radio airtime and production costs returned contributions AL campaign workers' salaries L. t.v. or cable airtime and production costs CC candidate travel, lodging, and meals staff/spouse travel, lodging, and meal for transfer between committees of the s output outp	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRI	PTION OF PAYMENT	AMOUNT PAID
Smart N Final 1856 B Erringer Rd. Simi Valley, CA 93065		And the second s	Supplies for Street F	air	119.75
COSTCO 2660 Park Center Dr. Simi Valley, CA 93065		man de la companya de	Postage Stamps		341.25

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

SUBTOTAL \$

461.00