

20/1/3

# Statement of Organization Recipient Committee

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:  
# \_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_  
Date of Termination

Sent  Rec'd

CITY OF OXNARD  
OFFICE OF CITY CLERK  
By \_\_\_\_\_

**CALIFORNIA FORM 410**  
For Official Use Only

### 1. Committee Information

NAME OF COMMITTEE  
Steve Huber for Oxnard City Council 2016

STREET ADDRESS (NO P.O. BOX)  
1411 Ebony Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93030 (805)509-9214

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER  
Eileen Huber

STREET ADDRESS (NO P.O. BOX)  
1411 Ebony Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93030 (805)981-0858

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

### 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 07/20/2016 By Eileen M Huber  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/20/2016 By Steve Huber  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT