

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp Received Oxnard City Cle	CALIFORNIA FORM 460
2016 DEC 21 AM 11: 58	Page <u>1</u> of <u>9</u>
For Official Use Only	

Statement covers period from <u>23 October 2016</u> through <u>31 December 2016</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 8, 2016</u>
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1388268

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Eileen Huber

MAILING ADDRESS
1411 Ebony Drive

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

NAME OF ASSISTANT TREASURER, IF ANY
Steve Huber

MAILING ADDRESS
1411 Ebony Drive

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

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 12/21/2016
Date

Executed on 12/21/2016
Date

Executed on _____
Date

Executed on _____
Date

By Eileen M. Huber
Signature of Treasurer or Assistant Treasurer

By Steve Huber
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Stephen H Huber

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Oxnard City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1411 Ebony Drive Oxnard

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.*

COMMITTEE NAME <u>CA</u>	I.D. NUMBER <u>93030</u>
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>23 October 2016</u> through <u>31 December 2016</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>9</u>
I.D. NUMBER 1388268	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stephen Huber

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>7356.31</u>	\$ <u>41041.30</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>(6500.00)</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>856.31</u>	\$ <u>41041.30</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>100.00</u>	\$ <u>564.50</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>956.31</u>	\$ <u>41605.80</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>7618.17</u>	\$ <u>41041.30</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>7618.17</u>	\$ <u>41041.30</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>100.00</u>	\$ <u>564.50</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>7718.17</u>	\$ <u>41605.80</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>6761.86</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>856.31</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>7618.17</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>0</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>23 October 2016</u> through <u>31 December 2016</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen Huber

I.D. NUMBER

1388268

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)
	see attached sheet	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>7032.32</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>323.99</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ <u>7356.31</u>

*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 Schedule A (Continuation Sheet)			Statement covers period		California Form 460	
Committee to Elect Steve Huber to Oxnard City Council 2014			from	23-Oct-16	Page 5 of 9	
			through	31-Dec-16	ID Number	1388268
Date Received	Full Name	Street Address, City and Zip Code	Contributor Code	Occupation and Employer	Amt Rec'vd This Period	Cumulative to date (CY 2016)
10/23/2016	Thomas C. Cady	3102 Brookwood Ln., Oxnard, CA 93036-6304	IND	Retired	\$200.00	\$200.00
10/24/2016	Law Office of Marc Charney	1000 Town Center Drive, Suite 300, Oxnard, CA 93036	OTH		\$100.00	\$200.00
10/24/2016	John C. Oberst	2308 Brookhill Drive, Camarillo, CA 93010	IND	Executive Director/Gold Coast Veterans Foundation	\$500.00	\$500.00
10/25/2016	IBEW PAC Educational FUND	900 Seventh Street, NW, Washington, DC 20001	COM	FPPC# 900161	\$500.00	\$500.00
10/25/2016	Oxnard Chamber of Commerce PAC	400 E Esplanade Drive, Suite 302 Oxnard, CA 93036	COM	FPPC# 961270	\$1,000.00	\$3,000.00
10/26/2016	Anthony R. Murguia	2012 Spyglass Trail East, Oxnard, CA 93036	IND	Retired	\$250.00	\$500.00
10/26/2016	Manual Lopez, Jr.	1729 Rubio Circle, Oxnard, CA 93030	IND	Business Fin. Mngr/ Fleet Readiness Ctr SW Det Pt Mugu	\$500.00	\$500.00
10/26/2016	Dan Dolby Insurance Agency	1000 Town Center Drive, Suite 100, Oxnard, CA 93036	OTH	382.32	\$500.00	\$600.00
10/28/2016	PJM Consulting	633 E Ventura Blvd, Oxnard, CA 93036	OTH		\$850.00	\$850.00
10/28/2016	Dimitrios P. Poulos	108 Tujunga Ave., Oxnard, CA 93035	IND	President/ Flooring 101	\$700.00	\$700.00
10/28/2016	Ian Newton	361 Sycamore Cottage Ct, Camarillo, CA 93012	IND	General Manager/ Flooring 101	\$500.00	\$500.00
11/5/2016	Joe Cabral	1156 S. Oxnard Blvd, Oxnard, CA 93030	IND	Hospitality Management/ Oxnard Inn LLC	\$250.00	\$250.00
11/5/2016	Will for Hueneme 2016	567 W. Channel Islands Blvd, #359, Port Hueneme, CA 93041	OTH		\$300.00	\$300.00
11/5/2016	A M S Craig, LLC	1451 N Rice Ave, STE E, Oxnard, CA 93030	OTH		\$500.00	\$500.00
11/30/2016	Stephen Huber	1411 Ebony Drive, Oxnard, CA 93030	IND	self employed/ SHHuber & Assoc. Inc	\$382.32	\$382.32
SUBTOTAL \$					\$7,032.32	

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>23 October 2016</u> through <u>31 December 2016</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>9</u>
	I.D. NUMBER 1388268

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen Huber

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Stephen H. Huber 1411 Ebony Drive Oxnard, CA 93030 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self employed SHHuber & Associates, Inc	\$ 1000	\$ 0	<input checked="" type="checkbox"/> PAID \$ 1000 <input type="checkbox"/> FORGIVEN	\$ 0 DATE DUE	0 % RATE	\$ 1000 7/22/2013 DATE INCURRED	CALENDAR YEAR \$ 1000 PER ELECTION** \$
Stephen H. Huber 1411 Ebony Drive Oxnard, CA 93030 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self employed SHHuber & Associates, Inc	\$ 500	\$ 0	<input checked="" type="checkbox"/> PAID \$ 500 <input type="checkbox"/> FORGIVEN	\$ 0 DATE DUE	0 % RATE	\$ 500 8/10/2016 DATE INCURRED	CALENDAR YEAR \$ 1500 PER ELECTION** \$
Stephen H. Huber 1411 Ebony Drive Oxnard, CA 93030 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self employed SHHuber & Associates, Inc	\$ 5000	\$ 0	<input checked="" type="checkbox"/> PAID \$ 4617.68 <input checked="" type="checkbox"/> FORGIVEN \$ 382.32	\$ 0 DATE DUE	0 % RATE	\$ 5000 8/18/2016 DATE INCURRED	CALENDAR YEAR \$ 6500 PER ELECTION** \$
SUBTOTALS \$			0 \$	6500 \$	0 \$	0		

Schedule B Summary

(Enter (e) on Schedule E, Line 3)

- Loans received this period\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period\$ 6500
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.)NET \$ (6500)
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>23 October 2016</u> through <u>31 December 2016</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1388268

Stephen Huber

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2016	Wanda Kanny 1555 Calle Portada Camarillo, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bookkeeper High Tides and Green Grass	food for meet and greet	100	100	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 100.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ 100.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$.
- 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 \$** 100.00

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	23 October 2016	
through	31 December 2016	Page <u>8</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Stephen Huber		1388268

SEE INSTRUCTIONS ON REVERSE

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
see attached sheet				

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	7453.80
2. Unitemized payments made this period of under \$100.....	\$	164.37
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$	7618.17

Schedule E Payments Made (Continuation Sheet)			Statement covers period	California Form 460
NAME OF FILER			from 23 Oct 2016	Page 9 of 9
Stephen H. Huber			through 31 Dec 2016	ID Number 1388268
Date	Name Address of Payee	Code	Description of Payment	Amount Paid
10/23/2016	Rincon 80 Wood Rd Suite 302, Camarillo, CA 93010	LIT		\$1,925.13
10/23/2016	Rincon 80 Wood Rd Suite 302, Camarillo, CA 93010	CNS		\$2,000.00
10/25/2016	Rincon 80 Wood Rd Suite 302, Camarillo, CA 93010	WEB		\$2,000.00
10/26/2016	The Tasting Room at River Ridge 2401 West Vineyard Ave, Oxnard, CA 93036	FND		\$152.66
10/27/2016	Rincon 80 Wood Rd Suite 302, Camarillo, CA 93010	POS		\$317.11
11/4/2016	River Ridge Golf Club 2401 West Vineyard Ave, Oxnard, CA 93036	FND		\$131.12
11/6/2016	Navy Exchange 130 23rd Ave, Port Hueneme, Ca 93043	CMP		\$116.57
11/7/2016	Costco 2001 East Ventura Blvd, Oxnard, CA 93030	CMP		\$172.78
11/8/2016	Wood Ranch 3449 E Main Street, Ventura, CA 93003	CMP		\$503.43
12/1/2016	Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	WEB		\$135.00
				\$7,453.80