

Statement of Organization Recipient Committee

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

1329680

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

1329680

05 / 14 / 2018
Date of Termination

Date Stamp	CALIFORNIA FORM 410
RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 17 2018	CITY OF GOLETA CLERK'S OFFICE For Official Use Only JUN 19 PM 12:10

1. Committee Information

NAME OF COMMITTEE

RE-ELECT PAULA PEROTTE - GOLETA CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)

7847 RIO VISTA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GOLETA	CA	93117	(805)886-4636

MAILING ADDRESS (IF DIFFERENT)

P.O. BOX 80607, GOLETA, CA 93118

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
SANTA BARBARA	CITY OF GOLETA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ROBERT E. WIGNOT

STREET ADDRESS (NO P.O. BOX)

6155 VERDURA AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GOLETA	CA	93117	(805)964-8166

NAME OF ASSISTANT TREASURER, IF ANY

NOT APPLICABLE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME OF PRINCIPAL OFFICER(S)

PAULA PEROTTE

STREET ADDRESS (NO P.O. BOX)

7847 RIO VISTA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GOLETA	CA	93117	(805)886-4636

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	<u>5/14/2018</u>	By	<u>[Signature]</u>
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>5/14/2018</u>	By	<u>[Signature]</u>
	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