COVER PAGE Recipient Committee CALIFORNIA **Campaign Statement FORM Cover Page** 1 2 Page_ Date of election if applicable: Statement covers period For Official Use Only (Month, Day, Year) 01/01/2018 from 06/30/2018 11/06/2018 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☐ Preelection Statement ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Controlled O Recall ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Summary Page Line 16 Ending Cash Balance originally reported O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) incorrectly as \$8,578.00. Ending Cash Bal. should be \$11,977.00. O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1405576 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER ROBERT E. WIGNOT PAULA PEROTTE FOR GOLETA MAYOR 2018 MAILING ADDRESS 6155 VERDURA AVENUE STREET ADDRESS (NO P.O. BOX) CITY AREA CODE/PHONE ZIP CODE 7847 RIO VISTA DRIVE **GOLETA** 805-964-8166 CA 93117 CITY AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE 805-685-8535 **GOLETA** CA 93117 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS P.O. BOX 80404 CITY ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE CITY STATE CA 93118 GOLETA OPTIONAL: FAX / E-MAIL ADDRESS 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. certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on __ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period O1/01/2018 CALIFORNIA FORM 460

SUMMARY PAGE

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06/30/2018 through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER PAULA PEROTTE FOR GOLETA MAYOR 2018 1405576 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE (FROM ATTACHED SCHEDULES) Running in Both the State Primary and **General Elections** 12,800.00 12,800.00 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 12,800.00 12,800,00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1+2 \$ Received 96.00 96.00 4. Nonmonetary Contributions..... Schedule C. Line 3 21. Expenditures 12.896.00 12.896.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ 823.00 **Candidates** 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ 823.00 823.00 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 96.00 96.00 (mm/dd/yy) 919.00 919.00 **Current Cash Statement** 0.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B. 12,800.00 add amounts in Column A to the corresponding 14. Miscellaneous increases to Cash Schedule I, Line 4 0.00 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 823.00 amounts in Column A may 11.977.00 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ ____ filed for this calendar year. only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if 0.00 18. Cash Equivalents...... See instructions on reverse \$ 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)