

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CITY OF GOLETA
CITY CLERK'S OFFICE

Date Stamp

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CALIFORNIA FORM **460**

Page 1 of 12

For Official Use Only

Statement covers period
from 09/23/2018
through 10/20/2018

Date of election if applicable:
(Month, Day, Year)
11/06/2018

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1405576

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

PAULA PEROTTE FOR GOLETA MAYOR 2018

STREET ADDRESS (NO P.O. BOX)
7847 RIO VISTA DRIVE

| | | | |
|---------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>GOLETA</u> | <u>CA</u> | <u>93117</u> | <u>805-685-8535</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. BOX 80404

| | | | |
|---------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>GOLETA</u> | <u>CA</u> | <u>93118</u> | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

ROBERT E. WIGNOT

MAILING ADDRESS

6155 VERDURA AVENUE

| | | | |
|---------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>GOLETA</u> | <u>CA</u> | <u>93117</u> | <u>805-964-8166</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

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 10/23/2018
Date

Executed on 10/24/2018
Date

Executed on _____
Date

Executed on _____
Date

By Robert E. Wignot
Signature of Treasurer or Assistant Treasurer

By Paula Perotte
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
PAULA A. PEROTTE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR - CITY OF GOLETA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
7847 RIO VISTA DRIVE GOLETA, CA 93117

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 | 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 | |
| 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 |
|----------------------|--------------|---|

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 |
|-----------------------|---------------------|

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>09/23/2018</u> through <u>10/20/2018</u> | CALIFORNIA FORM 460 Page <u>3</u> of <u>12</u> |
| I.D. NUMBER 1405576 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
PAULA PEROTTE FOR GOLETA MAYOR 2018

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>8,682.00</u> | \$ <u>42,751.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>8,682.00</u> | \$ <u>42,751.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$ <u>0.00</u> | \$ <u>96.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>8,682.00</u> | \$ <u>42,847.00</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>4,595.00</u> | \$ <u>14,878.00</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>4,595.00</u> | \$ <u>14,878.00</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | \$ <u>0.00</u> | \$ <u>96.00</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>4,595.00</u> | \$ <u>14,974.00</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>23,786.00</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | \$ <u>8,682.00</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | \$ <u>0.00</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | \$ <u>4,595.00</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>27,873.00</u> |

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

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.

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2* \$ 0.00

Cash Equivalents and Outstanding Debts

| | |
|---|----------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>0.00</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0.00</u> |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|-------------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/23/2018 | |
| through | 10/20/2018 | Page <u>4</u> of <u>12</u> |
| NAME OF FILER | | I.D. NUMBER |
| PAULA PEROTTE FOR GOLETA MAYOR 2018 | | 1405576 |

SEE INSTRUCTIONS ON REVERSE

| 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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 09/26/2018 | LEE HELLER 2284 GOLDEN GATE AVENUE SUMMERLAND, CA 93067 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 500.00 | 1,500.00 | |
| 09/27/2018 | GHITA GINBERG 2120 SANTA BARBARA STREET SANTA BARBARA, CA 93105-3544 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF-EMPLOYED / COMMUNITY ACTIVIST | 350.00 | 350.00 | |
| 09/28/2018 | BARBARA MASSEY 7912 WINCHESTER CIRCLE GOLETA, CA 93117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 200.00 | |
| 09/28/2018 | JAMES KYRIACO FOR GOLETA CITY COUNCIL, 226 E. CANON PERDIDO STREET, SUITE D, SANTA BARBARA, CA 93101-2255 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FPPC ID# 1401816 | 1,000.00 | 1,500.00 | |
| 09/28/2018 | JUNE SOCHEL 835 WOODLAND DRIVE MONTECITO, CA 93108 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 50.00 | 200.00 | |
| SUBTOTAL \$ | | | | 2,000.00 | | |

Schedule A Summary

| | |
|---|--------------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ 8,024.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ 658.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ 8,682.00 |

***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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>12</u> | | |

| | |
|---|-------------------------------|
| NAME OF FILER PAULA PEROTTE FOR GOLETA MAYOR 2018 | I.D. NUMBER 1405576 |
|---|-------------------------------|

| 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) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 09/28/2018 | MIRIAM FLACKS 1603 GARDEN STREET SANTA BARBARA, CA 93101 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 100.00 | |
| 09/28/2018 | LAURA CAPPS FOR SANTA BARBARA SCHOOL BOARD 2016, 1724 SANTA BARBARA ST., SANTA BARBARA, CA 93101 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FPPC ID# 1385160 | 100.00 | 100.00 | |
| 09/28/2018 | ARLIENE SHELOR 272 SAN NAPOLI DRIVE GOLETA, CA 93117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 300.00 | 300.00 | |
| 09/28/2018 | FERMINA MURRAY 442 DANBURY COURT GOLETA, CA 93117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF-EMPLOYED / MURRAY HISTORICAL CONSULTING | 100.00 | 400.00 | |
| 09/28/2018 | CATHY MURILLO FOR MAYOR 2017 226 E. CANON PERDIDO ST., SUITE D SANTA BARBARA, CA 93101-2255 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FPPC ID# 1393209 | 200.00 | 200.00 | |
| SUBTOTAL \$ | | | | 800.00 | | |

***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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-------------------------------|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>6</u> of <u>12</u> | | |
| NAME OF FILER PAULA PEROTTE FOR GOLETA MAYOR 2018 | | I.D. NUMBER 1405576 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/29/2018 | DAVID LANDECKER 1011 MISSION RIDGE ROAD SANTA BARBARA, CA 93103 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 50.00 | 100.00 | |
| 10/01/2018 | GINA FISCHER 2016 B CASTILLO STREET SANTA BARBARA, CA 93105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | District Representative / COUNTY OF SANTA BARBARA | 100.00 | 100.00 | |
| 10/01/2018 | DR. FRED KASS 724 MISSION CANYON ROAD SANTA BARBARA, CA 93105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PHYSICIAN / RIDLEY TREE CANCER CENTER | 250.00 | 250.00 | |
| 10/01/2018 | GAIL MARSHALL 5559 CANALINO DRIVE CARPINTERIA, CA 93013 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 200.00 | |
| 10/02/2018 | WILLIAM BUNKER 5640 VIA MESSINA GOLETA, CA 93117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 100.00 | |
| SUBTOTAL \$ | | | | 600.00 | | |

***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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>7</u> of <u>12</u> | | |
| NAME OF FILER PAULA PEROTTE FOR GOLETA MAYOR 2018 | | I.D. NUMBER 1405576 |

| 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) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 10/03/2018 | JEAN PEROTTE 7847 RIO VISTA DRIVE GOLETA, CA 93117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 1,000.00 | 1,000.00 | |
| 09/26/2018 | SANTA BARBARA WOMEN'S POLITICAL COMMITTEE, 1102 E. MONTECITO STREET, SANTA BARBARA, CA 93103 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FPPC ID# 880912 | 1,000.00 | 1,000.00 | |
| 10/10/2018 | MARIAN COHEN 7635 PISMO BEACH CIRCLE GOLETA, CA 93117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 100.00 | |
| 10/12/2018 | NANCY KNIGHT 69 CALAVERAS STREET GOLETA, CA 93117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 100.00 | |
| 10/12/2018 | SUSAN DEACON 607 VEREDA LEYENDA GOLETA, CA 93117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 75.00 | 125.00 | |
| SUBTOTAL \$ | | | | 2,275.00 | | |

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>8</u> of <u>12</u> | | |
| NAME OF FILER PAULA PEROTTE FOR GOLETA MAYOR 2018 | | I.D. NUMBER 1405576 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/17/2018 | SUSAN ROSE 928 LAS PALMAS DRIVE SANTA BARBARA, CA 93110 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 650.00 | 1,150.00 | |
| 10/17/2018 | LINDA KROP 5290 OVERPASS ROAD SANTA BARBARA, CA 93111 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ATTORNEY, ENVIRONMENTAL DEFENSE CENTER | 50.00 | 100.00 | |
| 10/17/2018 | WILLIAM LANNAN 1045 COLLEEN WAY SANTA BARBARA, CA 93111 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 100.00 | |
| 10/17/2018 | NANCY HARTER 5235 PASEO CAMEO SANTA BARBARA, CA 93111 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 100.00 | |
| 10/20/2018 | DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY, 901 VIA ROSITA SANTA BARBARA, CA 93110 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FPPC ID# 743656 | 1,000.00 | 3,000.00 | |
| SUBTOTAL \$ | | | | 1,900.00 | | |

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/23/2018 | |
| through | 10/20/2018 | Page <u>9</u> of <u>12</u> |

| | |
|---|-------------------------------|
| NAME OF FILER PAULA PEROTTE FOR GOLETA MAYOR 2018 | I.D. NUMBER 1405576 |
|---|-------------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/26/2018 | KEVIN BARTHEL 489 DAYTONA DRIVE GOLETA, CA 93117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ENGINEER, HUISMAN NORTH AMERICA | 99.00 | 449.00 | |
| 10/19/2018 | KEVIN BARTHEL 489 DAYTONA DRIVE GOLETA, CA 93117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ENGINEER, HUISMAN NORTH AMERICA | 350.00 | 449.00 | |
| | | <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 \$ | | | | 449.00 | | |

***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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>10</u> of <u>12</u> | | |
| NAME OF FILER PAULA PEROTTE FOR GOLETA MAYOR 2018 | | I.D. NUMBER 1405576 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PAULA PEROTTE FOR GOLETA MAYOR 2018

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 10/09/2018 | LIMON FOR ASSEMBLY 2018 226 E. CANON PERDIDO ST., #D SANTA BARBARA, CA 93101 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 100.00 | 100.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 100.00 | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 100.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 135.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL.. \$ 235.00**

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|-------------------------------------|------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/23/2018 | |
| through | 10/20/2018 | Page 11 of 12 |
| NAME OF FILER | | I.D. NUMBER |
| PAULA PEROTTE FOR GOLETA MAYOR 2018 | | 1405576 |

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 |
|---|---------|------------------------|-----------------------------|
| C & I CONSULTING 226 E. CANON PERDIDO STREET #D SANTA BARBARA, CA 93101 | CNS | | 625.00 |
| CULVER & ASSOCIATES 1220 1/2 SAN ANDRES STREET SANTA BARBARA, CA 93101 | CNS | | 1,000.00 |
| COALITION FOR SUSTAINABLE TRANSPORTATION (COAST) 240 ARBOLEDA ROAD SANTA BARBARA, CA 93110 | CVC | | 100.00 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | | SUBTOTAL \$ 1,725.00 |

Schedule E Summary

| | | |
|---|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 4,315.00 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 280.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ | 4,595.00 |

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------------------|------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/23/2018 | |
| through | 10/20/2018 | Page <u>12</u> of <u>12</u> |
| NAME OF FILER | | I.D. NUMBER |
| PAULA PEROTTE FOR GOLETA MAYOR 2018 | | 1405576 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PAULA PEROTTE FOR GOLETA MAYOR 2018

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 |
|--|---------|------------------------|-------------|
| FIRST DATA 5565 GLENRIDGE ROAD CONNECTOR NE, SUITE 2000 ATLANTA, GA 30342 | WEB | | 231.00 |
| CONSTANT CONTACT, INC 1601 TRAPELO ROAD WALTHAM, MA 02451 | WEB | | 302.00 |
| LIMON FOR ASSEMBLY 226 E. CANON PERDIDO STREET, SUITE D SANTA BARBARA, CA 93101 FPPC ID# 1376167 | CTB | | 100.00 |
| UNION GRAPHICS, INC. 9960 GLENOAKS BLVD, UNIT A SUN VALLEY, CA 91352 | LIT | | 1,957.00 |
| | | | |

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

SUBTOTAL \$ 2,590.00