

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp CITY OF GOLETA CITY CLERK'S OFFICE 2019 JAN 31 PM 1:54	CALIFORNIA FORM 460
	Page _____ of _____ For Official Use Only

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	Date of election if applicable: (Month, Day, Year)
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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
1402353

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MICHAEL BENNETT FOR MAYOR 2018

STREET ADDRESS (NO P.O. BOX)
360 S. HOPE AVE SUITE C300

CITY STATE ZIP CODE AREA CODE/PHONE
SANTA BARBARA CA 93105 (805) 563-1049

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO BOX 22557

CITY STATE ZIP CODE AREA CODE/PHONE
SANTA BARBARA CA 93121

OPTIONAL: FAX / E-MAIL ADDRESS
(805) 563-1158 INFO@PACPA.COM

Treasurer(s)

NAME OF TREASURER
DAVID PERI

MAILING ADDRESS
360 S. HOPE AVE SUITE C300

CITY STATE ZIP CODE AREA CODE/PHONE
SANTA BARBARA CA 93105 (805) 563-1049

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 1.25.2019 Date
 Executed on Jan. 29, 2019 Date
 Executed on _____ Date
 Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
 By [Signature] 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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Michael Bennett				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought: Mayor City- Goleta				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
5662 Calle Real # 407	Goleta	CA	93117-2317	

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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/21/2018</u>	CALIFORNIA FORM 460
through <u>12/31/2018</u>	
Page <u>3</u> of <u>16</u>	I.D. NUMBER <u>1402353</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Michael Bennett for Mayor 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>20825.00</u>	\$ <u>71123.00</u>
2. Loans Received Schedule B, Line 3	<u>-5000.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>15825.00</u>	\$ <u>71123.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>240.00</u>	<u>3369.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>16065.00</u>	\$ <u>74492.00</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	\$ <u>16798.00</u>	\$ <u>57694.00</u>
21. Expenditures Made	\$ <u>3097.62</u>	\$ <u>71153.91</u>

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>23144.65</u>	\$ <u>70882.53</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>23144.65</u>	\$ <u>70882.53</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>240.00</u>	<u>3369.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>23384.65</u>	\$ <u>74251.53</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
<u> / / </u>	\$ <u> </u>
<u> / / </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>7560.12</u>
13. Cash Receipts Column A, Line 3 above	<u>15825.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>21.00</u>
15. Cash Payments Column A, Line 8 above	<u>23144.65</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>261.47</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 See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>



**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/21/2018</u>	CALIFORNIA FORM 460
through <u>12/31/2018</u>	
Page <u>4</u> of <u>16</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Bennett for Mayor 2018

I.D. NUMBER

1402353

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)
10/22/2018	Eric Peterson 285 El Sueno Rd Santa Barbara, CA 93110-1020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	100.00 G 18
10/25/2018	Reid Cederlof 1485 Holiday Hill Rd Goleta, CA 93117-1836	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	100.00 G 18
10/25/2018	Jen Gamble 1316 Shoreline Dr Santa Barbara, CA 93109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed N/A	1000.00	1000.00	1000.00 G 18
10/25/2018	Santa Barbara Republican Club, Inc 5420 San Patricio Dr Santa Barbara, CA 93111-1455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 G 18
10/26/2018	Karen Chackel 3780 State St Santa Barbara, CA 93105-5622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Account Rep First American Title	200.00	200.00	200.00 G 18
SUBTOTAL \$				1900.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 20750.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 75.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 20825.00

*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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>16</u>		
NAME OF FILER Michael Bennett for Mayor 2018		I.D. NUMBER 1402353

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)
10/26/2018	Francois DeJohn 222 E Carrillo St # 101 Santa Barbara, CA 93101-7145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Hayes Commercial Group	250.00	750.00	750.00 G 18
10/26/2018	Francois DeJohn 222 E Carrillo St # 101 Santa Barbara, CA 93101-7145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Hayes Commercial Group	500.00	750.00	750.00 G 18
10/26/2018	Steve Fedde 6755 Hollister Ave Goleta, CA 93117-5551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Sares Regis Group Real Estate	200.00	200.00	200.00 G 18
10/26/2018	Roger Aceves for Goleta City Council 643 Ardmore Dr Santa Barbara, CA 93117-1762 ID :1367563	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1000.00	1000.00 G 18
10/29/2018	Camino Real LLC 7004 Marketplace Dr Goleta, CA 93117	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00	2000.00	2000.00 G 18
SUBTOTAL \$				3450.00		

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 IND – Individual
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 SCC – Small Contributor Committee



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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>		CALIFORNIA FORM 460
Page <u>6</u> of <u>16</u>		
NAME OF FILER Michael Bennett for Mayor 2018		I.D. NUMBER 1402353

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)
10/29/2018	Larry's Auto Parts 5855 Hollister Ave Goleta, CA 93117-3613	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 G 18
10/31/2018	ACIJET Orange County 19301 Campus Dr Santa Ana, CA 92707-5246	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1000.00	1000.00 G 18
10/31/2018	ACIJET Orange County 19301 Campus Dr Santa Ana, CA 92707-5246	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1000.00	1000.00 G 18
10/31/2018	Tenosor Pena 2451 Eastman Ave Ste 1 Oxnard, CA 93030-5191	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO AGQ Labs	1000.00	1000.00	1000.00 G 18
11/01/2018	California Professional Firefighters 1780 Creekside Oaks Dr Sacramento, CA 95833-3633 ID :744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		3000.00	3000.00	3000.00 G 18
SUBTOTAL \$				5200.00		

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(other than PTY or SCC)
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>		CALIFORNIA FORM 460
Page <u>7</u> of <u>16</u>		
NAME OF FILER Michael Bennett for Mayor 2018		I.D. NUMBER 1402353

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)
11/01/2018	The Towbes Group, Inc. 21 E Victoria St # 200 Santa Barbara, CA 93101-2605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00	2500.00	2500.00 G 18
11/02/2018	Edward Fuller 5860 Mandarin Dr Goleta, CA 93117-3370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker San Roque Realty	100.00	100.00	100.00 G 18
11/02/2018	Seth Seaberg 414 Olive St Santa Barbara, CA 93101-1720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Sublime Processing LLC	500.00	500.00	500.00 G 18
11/05/2018	Cortona Investors/Kip D. Bradley 3832 W Biddison St Fort Worth, TX 76109-2707	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 G 18
11/05/2018	La Patera Investors/Kip D. Bradley 3832 W Biddison St Fort Worth, TX 76109-2707	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 G 18
SUBTOTAL \$				5100.00		

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(other than PTY or SCC)
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>		CALIFORNIA FORM 460
Page <u>8</u> of <u>16</u>		
NAME OF FILER Michael Bennett for Mayor 2018		I.D. NUMBER 1402353

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)
11/05/2018	Troy White 903 State St Suite 202 Santa Barbara, CA 93101-2718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planner TW Land Planning & Development	100.00	100.00	100.00 G 18
12/31/2018	*** TYPE: Forgiven Loan *** Michael Bennett 5662 Calle Real # 407 Goleta, CA 93117-2317	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member City of Goleta	5000.00	5002.00	5002.00 G 18
		<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 \$				5100.00		

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
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 SCC – Small Contributor Committee



**Schedule B – Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>16</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Bennett for Mayor 2018

I.D. NUMBER

1402353

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
Michael Bennett 5662 Calle Real # 407 Goleta, CA 93117-2317 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member City of Goleta	\$ <u>5000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ <u>5000.00</u>	\$ <u>0.00</u> <u>11/06/2018</u> DATE DUE	<u>0.00</u> % RATE \$ <u>0.00</u>	\$ <u>5000.00</u> <u>03/13/2018</u> DATE INCURRED	CALENDAR YEAR \$ <u>5002.00</u> PER ELECTION** \$ <u>5002.00</u> G 18
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$		0.00 \$	5000.00 \$	0.00 \$	0.00 \$			

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

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 5000.00
(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 \$** -5000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
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(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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/21/2018</u>		CALIFORNIA FORM 460
through <u>12/31/2018</u>		
Page <u>10</u> of <u>16</u>		I.D. NUMBER 1402353

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Bennett for Mayor 2018

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)
11/01/2018	David Peri 360 S Hope Ave Ste C300 Santa Barbara, CA 93105-4031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Peri and Company CPAs	paid for DirecFile campaign filing software monthly billing	120.00	240.00	240.00 G 18
12/01/2018	David Peri 360 S Hope Ave Ste C300 Santa Barbara, CA 93105-4031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Peri and Company CPAs	paid for DirecFile campaign filing software monthly billing	120.00	240.00	240.00 G 18
		<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					
<i>Attach additional information on appropriately labeled continuation sheets.</i>					SUBTOTAL \$	240.00	

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 240.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- 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 \$** 240.00

*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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULEE

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page <u>11</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
Michael Bennett for Mayor 2018		1402353

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Bennett for 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
IPS Direct Marketing Agency 8768 Helms Ave Ste C Rancho Cucamonga, CA 91730-4571	LIT		1239.06
Paypal 2211 N 1st St San Jose, CA 95131-2021	WEB		6.65
IPS Direct Marketing Agency 8768 Helms Ave Ste C Rancho Cucamonga, CA 91730-4571	LIT		1239.06

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

SUBTOTAL \$ 2484.77

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	23085.27
2. Unitemized payments made this period of under \$100	\$	59.38
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 \$	23144.65



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

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page <u>12</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
Michael Bennett for Mayor 2018		1402353

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Bennett for Mayor 2018

I.D. NUMBER

1402353

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
Ana Eiseman 72 W Victoria St Santa Barbara, CA 93101	POS		118.40
Aquille Hayden 6645 Del Playa Dr Unit 5 Goleta, CA 93117-5082	POS		140.00
IPS Direct Marketing Agency 8768 Helms Ave Ste C Rancho Cucamonga, CA 91730-4571	LIT		4015.29
IPS Direct Marketing Agency 8768 Helms Ave Ste C Rancho Cucamonga, CA 91730-4571	LIT		2816.75
IPS Direct Marketing Agency 8768 Helms Ave Ste C Rancho Cucamonga, CA 91730-4571	LIT		849.78

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

SUBTOTAL \$ 7940.22



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

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page <u>13</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
Michael Bennett for Mayor 2018		1402353

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Bennett for Mayor 2018

I.D. NUMBER

1402353

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
Paypal 2211 N 1st St San Jose, CA 95131-2021	WEB			44.10
Paypal 2211 N 1st St San Jose, CA 95131-2021	WEB			22.53
Peri & Company, CPA's Inc. 360 S Hope Ave Suite C300 Santa Barbara, CA 93105-4017			Agent Payment	240.00
Paypal 2211 N 1st St San Jose, CA 95131-2021	WEB			115.22
Paypal 2211 N 1st St San Jose, CA 95131-2021	WEB			29.30

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

SUBTOTAL \$ 451.15



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

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page <u>14</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
Michael Bennett for Mayor 2018		1402353

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Bennett for Mayor 2018

I.D. NUMBER

1402353

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
Stephanie Langsdorf 5044 Rocoso Way Santa Barbara, CA 93111-1831	CNS			3500.00
Stephanie Langsdorf 5044 Rocoso Way Santa Barbara, CA 93111-1831			Agent Payment	1000.00
The Santa Barbara Independent 12 E Figueroa St Santa Barbara, CA 93101-2709	PRT			288.25
Paypal 2211 N 1st St San Jose, CA 95131-2021	WEB			3.20
Helen Tu 644B E Micheltorena St Santa Barbara, CA 93103-2217	POS			255.00

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

SUBTOTAL \$ 5046.45



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

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 15 of 16
NAME OF FILER		I.D. NUMBER
Michael Bennett for Mayor 2018		1402353

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Bennett for Mayor 2018

I.D. NUMBER

1402353

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
Stephanie Langsdorf 5044 Rocoso Way Santa Barbara, CA 93111-1831	CNS			3500.00
Lake Shank 800 Embarcadero Del Mar Apt. 4 Goleta, CA 93117-4741	POS			235.00
Stephanie Langsdorf 5044 Rocoso Way Santa Barbara, CA 93111-1831			Agent Payment	792.68
Peri & Company, CPA's Inc. 360 S Hope Ave Suite C300 Santa Barbara, CA 93105-4017	PRO			2500.00
Juan Morva 1320 E Gutierrez St Santa Barbara, CA 93103-2621	POS			135.00

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

SUBTOTAL \$ 7162.68



**Schedule I
Miscellaneous Increases to Cash**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 10/21/2018
through 12/31/2018

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Bennett for Mayor 2018

I.D. NUMBER
1402353

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 0.00
- 2. Unitemized increases to cash of under \$100 this period. \$ 21.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 21.00**

