

**Recipient Committee
Campaign Statement
Cover Page**

CITY OF GOLETA
CITY CLERK'S OFFICE

COVER PAGE

| | |
|----------------------------|-------------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>10</u> | |
| 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) <u>11/06/2018</u> |
|--|--|

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 type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

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 1/16/2019
Date

Executed on 1/16/2019
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>10/21/2018</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2018</u> | |
| Page <u>3</u> of <u>10</u> | I.D. NUMBER <u>1405576</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
PAULA PEROTTE FOR GOLETA MAYOR 2018

| | 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>5,199.00</u> | \$ <u>47,950.00</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>5,199.00</u> | \$ <u>47,950.00</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>5,199.00</u> | \$ <u>48,046.00</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 | \$ _____ | \$ _____ |

| | 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>28,530.00</u> | \$ <u>43,408.00</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>28,530.00</u> | \$ <u>43,408.00</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>2,766.00</u> | \$ <u>2,766.00</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>31,296.00</u> | \$ <u>46,270.00</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>27,873.00</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | \$ <u>5,199.00</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>28,530.00</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>4,542.00</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..... <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|---|----------------|

| 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>2,766.00</u> |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

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

SEE INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------------|
| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/23/2018 | CATHERINE BEDNAR 5701 GATO AVENUE 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 | |
| 10/25/2018 | MARGARET CONNELL 7114 DEL NORTE DRIVE GOLETA, CA 93117-1330 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 250.00 | 500.00 | |
| 10/29/2018 | SHIRLEY JANSEN 1634 MOORE ROAD SANTA BARBARA, CA 93108 | <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 | |
| 10/29/2018 | VICKY BLUM 703 LITCHFIELD LANE SANTA BARBARA, CA 93108 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF-EMPLOYED/ PSYCHOTHERAPIST | 100.00 | 100.00 | |
| 10/29/2018 | ROGER FREEDMAN 1032 DIAMOND CREST COURT 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 | LECTURER/ UC SANTA BARBARA | 100.00 | 100.00 | |
| SUBTOTAL \$ | | | | 650.00 | | |

Schedule A Summary

| | |
|---|---------------------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ <u>4,799.00</u> |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ <u>400.00</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>5,199.00</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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---------------------------|--|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>10/21/2018</u> | | |
| through <u>12/31/2018</u> | | Page <u>5</u> of <u>10</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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/26/2018 | CAROL KEATOR 1916 GILLISPIE STREET SANTA BARBARA, CA 93101-4646 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 250.00 | 250.00 | |
| 10/29/2018 | PLANNED PARENTHOOD CCAF PAC 518 GARDEN STREET 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# 1278950 | 500.00 | 750.00 | |
| 11/05/2018 | MARY O'GORMAN 5042 BIRCHWOOD 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 | CHIEF OF STAFF/ SB COUNTY SUPERVISOR JANET WOLF | 150.00 | 150.00 | |
| 11/02/2018 | SUSAN BRETERNITZ 16 ANDORRA AVENUE LAGUNA NIGEL, CA 92677 | <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 | |
| 11/02/2018 | DAVID BEARMAN, M.D. 7394 CALLE REAL, SUITE C 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/ DAVID BEARMAN, M.D. | 100.00 | 100.00 | |
| SUBTOTAL \$ | | | | 1,100.00 | | |

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>10/21/2018</u> | | CALIFORNIA FORM 460 |
| through <u>12/31/2018</u> | | |
| Page <u>6</u> of <u>10</u> | | I.D. NUMBER 1405576 |

NAME OF FILER
PAULA PEROTTE FOR GOLETA 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 11/02/2018 | KATHLEEN MUDUGNO 2706 MESA SCHOOL LANE 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 | SALES/ SANTA BARBARA SCREEN & SHADE | 100.00 | 100.00 | |
| 11/02/2018 | CECILIA BROWN 398 N KELLOGG AVENUE GOLETA, CA 93111-1652 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 99.00 | 1,099.00 | |
| 11/05/2018 | 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 | 300.00 | |
| 11/05/2018 | TROTTER PRODUCTIONS LLC 1320 CLIFTON STREET SANTA BARBARA, CA 93103-3533 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| 11/07/2018 | California Laborers for Equality & Progress 555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814-4503 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Small Contributor Committee FPPC ID # 781984 | 1,000.00 | 1,000.00 | |
| SUBTOTAL \$ | | | | 1,549.00 | | |

*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>10/21/2018</u> through <u>12/31/2018</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>10</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) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 11/07/2018 | Southern California District Council of Laborers PAC, 555 Capitol Mall, Suite 400 Sacramento, CA 95814-4503 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Small Contributor Committee FPPC ID # 1358150 | 1,000.00 | 1,000.00 | |
| 11/17/2018 | Luz Reyes Martinez for Goleta Union School Board 2018, 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 # 1408092 | 500.00 | 500.00 | |
| | | <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 \$ | | | | 1,500.00 | | |

*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.

SCHEDULE E

| | | |
|-------------------------------------|------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/21/2018 | |
| through | 12/31/2018 | Page <u>8</u> of <u>10</u> |
| 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 | | 3,380.00 |
| CULVER & ASSOCIATES 1220 1/2 SAN ANDRES STREET SANTA BARBARA, CA 93101 | CNS | | 3,000.00 |
| THE STRATEGY GROUP, LLC 730 N. FRANKLIN, SUITE #404 CHICAGO, IL 60654 | LIT | | 21,114.00 |

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

SUBTOTAL \$ 27,494.00

Schedule E Summary

| | |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 28,414.00 |
| 2. Unitemized payments made this period of under \$100..... | \$ 116.00 |
| 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 \$ 28,530.00 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/21/2018 | |
| through | 12/31/2018 | Page <u>9</u> of <u>10</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 | | | 125.00 |
| INTEGRATED SOLUTIONS: POLITICAL 4142 ADAMS AVENUE, SUITE 103-550 SAN DIEGO, CA 92116 | WEB | | | 150.00 |
| SANTA BARBARA FOOD CONNECTION 4670 TAJO DRIVE SANTA BARBARA, CA 93110 | | | ELECTION CELEBRATION EVENT CATERING | 645.00 |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 920.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

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>10</u> of <u>10</u> |
| | I.D. NUMBER 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| CULVER & ASSOCIATES 1220 1/2 SAN ANDRES STREET SANTA BARBARA, CA 93101 | WEB | 0.00 | 2,500.00 | 0.00 | 2,500.00 |
| GINA FISCHER 2016 CASTILLO STREET, UNIT B SANTA BARBARA, CA 93105 | WEB | 0.00 | 266.00 | 0.00 | 266.00 |
| | | | | | |
| SUBTOTALS \$ | | 0.00 \$ | 2,766.00 \$ | 0.00 \$ | 2,766.00 |

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 2,766.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 2,766.00
May be a negative number