

1329680

Statement of Organization Recipient Committee

Type or print in ink

RECEIVED AND FILED
In the office of the Secretary of
of the State of California

AUG 11 2010

DEBRA BOWEN
Secretary of State

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
For Official Use Only
FILED
AUG 25 2010
SANTA BARBARA COUNTY
ELECTIONS

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

CITY OF GOLETA
CITY CLERK'S OFFICE
 Termination - See Part 5

_____ 2010 SEP 13 PM 5 00

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE

PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010

STREET ADDRESS (NO P.O. BOX)

7847 RIO VISTA DRIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GOLETA

CA

93117

(805) 886-4636

MAILING ADDRESS (IF DIFFERENT)

P.O. BOX 80607, GOLETA, CA 93118

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

SANTA BARBARA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ROBERT WIGNOT

STREET ADDRESS (NO P.O. BOX)

6155 VERDURA AVENUE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GOLETA

CA

93117-2003

(805) 964-8166

NAME OF ASSISTANT TREASURER, IF ANY

NOT APPLICABLE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

PAULA PEROTTE

STREET ADDRESS (NO P.O. BOX)

7847 RIO VISTA DRIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GOLETA

CA

93117

(805) 886-4636

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on AUGUST 9, 2010
DATE

Executed on AUGUST 9, 2010
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER
PENDING

COMMITTEE NAME
PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
PAULA PEROTTE	GOLETA CITY COUNCIL	2010	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
SANTA BARBARA BANK & TRUST	(805) 968-6144	0103208880	
ADDRESS	CITY	STATE	ZIP CODE
7078 MARKETPLACE DRIVE	GOLETA	CA	93117

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
NOT APPLICABLE			
		SUPPORT	OPPOSE

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COMMITTEE NAME
PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010

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I.D. NUMBER
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4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

NOT APPLICABLE

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

NOT APPLICABLE

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.