

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA FORM 460
CITY OF GOLETA CLERK'S OFFICE	Page <u>1</u> of <u>12</u>
11/2/2010 2010 OCT 5 PM 3 05	For Official Use Only

Statement covers period
from 7/1/2010
through 9/30/2010

Date of election if applicable
(Month, Day, Year)
11/2/2010

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1329680

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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
<u>GOLETA</u>	<u>CA</u>	<u>93117</u>	<u>(805) 886-4636</u>

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

P.O. BOX 80607

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 WIGNOT

MAILING ADDRESS

6155 VERDURA AVENUE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>GOLETA</u>	<u>CA</u>	<u>93117-2003</u>	<u>(805) 964-8166</u>

NAME OF ASSISTANT TREASURER, IF ANY

NOT APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

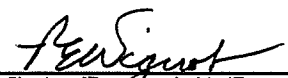
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 10-3-2010
Date

Executed on 10-3-2010
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
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**

Page 2 of 12

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
PAULA PEROTTE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
GOLETA CITY COUNCIL

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
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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
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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>7/1/2010</u>	CALIFORNIA FORM 460
through <u>9/30/2010</u>	
Page <u>3</u> of <u>12</u>	I.D. NUMBER 1329680

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010

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>21,418.00</u>	\$ <u>21,418.00</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>21,418.00</u>	\$ <u>21,418.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>139.00</u>	<u>139.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>21,557.00</u>	\$ <u>21,557.00</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>9,794.00</u>	\$ <u>9,794.00</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>9,794.00</u>	\$ <u>9,794.00</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>139.00</u>	<u>139.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>9,933.00</u>	\$ <u>9,933.00</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>0.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>21,418.00</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>9,794.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>11,624.00</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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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>

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.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7/1/2010</u>	CALIFORNIA FORM 460
through <u>9/30/2010</u>	
Page <u>4</u> of <u>12</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010	I.D. NUMBER 1329680
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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)
8/8/2010	MARGARET CONNELL 7114 DEL NORTE DRIVE GOLETA, CA93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNCIL MEMBER, CITY OF GOLETA	250.00	250.00	
8/9/2010	ROBERT WIGNOT 6155 VERDURA 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	200.00	200.00	
8/10/2010	EDWARD EASTON 110 S. KELLOGG 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	COUNCIL MEMBER, CITY OF GOLETA	250.00	250.00	
8/14/2010	GAIL MARSHALL 701 ROSKILDE ROAD SOLVANG, CA 93463	<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	
8/16/2010	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	

SUBTOTAL \$ 900.00

Schedule A Summary

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

*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>7/1/2010</u>		CALIFORNIA FORM 460
through <u>9/30/2010</u>		
Page <u>5</u> of <u>12</u>		I.D. NUMBER 1329680

NAME OF FILER

PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010

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)
8/24/2010	RUTH DEXTER 901 VIA ROSITA 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	100.00	100.00	
8/26/2010	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	100.00	
8/25/2010	DAN & SUZANNE DURBECK 37 TOURAN LANE GOLETA, CA 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EDUCATORS, NORTHWESTERN PREP. SCHOOL	250.00	250.00	
8/21/2010	RICHARD WHITED 5524 SOMERSET DRIVE GOLETA, CA 93111-1640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HEDGE FUND MGR. QUICKSILVER TRADING, INC.	7,000.00	7,000.00	
9/1/2010	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	RABBI, CONGREGATION B'NAI BRITH	200.00	200.00	
SUBTOTAL \$				7,650.00		

***Contributor Codes**

IND - Individual
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(other than PTY or SCC)
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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>7/1/2010</u>		CALIFORNIA FORM 460
through <u>9/30/2010</u>		
		Page <u>6</u> of <u>12</u>
NAME OF FILER PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010		I.D. NUMBER 1329680

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)
9/6/2010	JULIE KESSLER SOLOMON 275 ELDERBERRY DRIVE GOLETA, CA 93117-2475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	200.00	200.00	
9/5/2010	ROBIN CEDERLOF 1485 HOLIDAY HILL ROAD 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	
9/9/2010	KENT HARRIS 229 CALLE SERRENTO GOLETA, CA 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR QAD, INC.	100.00	100.00	
9/10/2010	JAMES PEROTTE 180 VEREDA LEYENDA GOLETA, CA 93117-5310	<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	
9/9/2010	ROBERT BERNSTEIN 448 MILLS WAY #B 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, MULTIPROBE	100.00	100.00	

SUBTOTAL \$ 1,500.00

***Contributor Codes**
 IND - Individual
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 (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		CALIFORNIA FORM 460
from	7/1/2010	
through	9/30/2010	Page <u>7</u> of <u>12</u>

NAME OF FILER PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010	I.D. NUMBER 1329680
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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)
9/8/2010	DEAN PANANIDES 5620 CALLE REAL GOLETA, CA 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GENERAL MANAGER, SOUTH COAST INN	7,500.00	7,500.00	
9/8/2010	DR. GLYNNE COUVILLION 690 LILAC DRIVE 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	500.00	500.00	
9/9/2010	WILLIAM SHELOR 272 SAN NAPOLI DRIVE GOLETA, CA 93117-1008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR, UCSB	100.00	100.00	
9/11/2010	STEPHANIE LANGSDORF P.O. BOX 6104 SANTA BARBARA, CA 93160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DISTRICT REP., COUNTY OF SANTA BARBARA	100.00	100.00	
9/13/2010	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	250.00	250.00	
SUBTOTAL \$				8,450.00		

*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		CALIFORNIA FORM 460
from	7/1/2010	
through	9/30/2010	Page <u>8</u> of <u>12</u>

NAME OF FILER PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010	I.D. NUMBER 1329680
--	-------------------------------

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)
9/13/2010	JOHN DANIEL OLSON 7041 MARYMOUNT WAY 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	500.00	500.00	
9/17/2010	TOM & KIM MODUGNO 1060 MAY COURT 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	MANAGER & BOOKKEEPER, SANTA CRUZ MARKET	100.00	100.00	
9/20/2010	GHITA GINBERG 11 LA FLECHA LANE 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	COMMUNITY ACTIVIST	100.00	100.00	
9/28/2010	DEMOCRATIC WOMEN OF SB COUNTY 1212 S VICTORY BOULEVARD BURBANK, CA 91502	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC # 743656	400.00	400.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7/1/2010</u> through <u>9/30/2010</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>12</u>
I.D. NUMBER 1329680	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010

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)
		<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					
		<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 \$
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Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ <u>0.00</u>
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ <u>139.00</u>
3. 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 \$ <u>139.00</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 E
Payments Made**

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

SCHEDULEE

Statement covers period from <u>7/1/2010</u> through <u>9/30/2010</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>12</u>
NAME OF FILER PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010	I.D. NUMBER 1329680

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010

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
CITY OF GOLETA 130 CREMONA DRIVE, SUITE B GOLETA, CA 93117	FIL		540.00
KATE CONNELL PHOTOGRAPHY 1019 QUINIENTOS STREET, #3 SANTA BARBARA, CA 93103	CMP		250.00
COPYRIGHT PRINTING SYSTEMS 5710 HOLLISTER AVENUE GOLETA, CA 93117	LIT		907.00

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

SUBTOTAL \$ 1,697.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>9,379.00</u>
2. Unitemized payments made this period of under \$100	\$	<u>415.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>9,794.00</u>

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

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

Statement covers period from <u>7/1/2010</u> through <u>9/30/2010</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>12</u>
I.D. NUMBER 1329680	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010

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
GINA FISCHER 2016 CASTILLO STREET, UNIT B SANTA BARBARA, CA 93105	CNS		1,900.00
VOTER INFORMATION GUIDE G10, ID # 593-003 13701 RIVERSIDE DRIVE, SUITE 604 SHERMAN OAKS, CA 91423	LIT		385.00
CAPITAL PROMOTIONS INC. P.O. BOX 231 GLENSIDE, PA 19038	CMP		902.00
NERDS TO THE RESCUE P.O. BOX 5797 OXNARD, CA 93031	OFC		254.00
PRECISION PRINTING & DESIGN 12455 BRANFORD STREET, SUITE 11 B ARLETA, CA 91331	LIT		2,075.00

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

SUBTOTAL \$ 5,516.00

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

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

Statement covers period from <u>7/1/2010</u> through <u>9/30/2010</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>12</u>
NAME OF FILER PAULA PEROTTE FOR GOLETA CITY COUNCIL 2010	
I.D. NUMBER 1329680	

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|---|---|---|
| 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
AMERICAN DIRECT MAIL 908 N. HOLLYWOOD WAY BURBANK, CA 91505	LIT			2,166.00

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

SUBTOTAL \$ 2,166.00