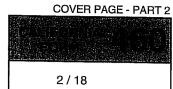
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	Date Stamp CALIFORNIA 2001/02 CITY OF GOLETA FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable TY CLERK'S OFFIC Page 1 of 18 (Month, Day, Year) 11/02/2010 TY CLERK'S OFFIC Page 1 of 18 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	inplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ (fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement
o. Odiminice imornation	DE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER JEREMY BALLEW MAILING ADDRESS 360 S→ HOPE AVE. SUITE C300 CITY STATE 7/P CODE AREA CODE/PHONE Santa Barbara CA 93105 805-563-1049 NAME OF ASSISTANT TREASURER, IF ANY LINDA WILLIAMS MAILING ADDRESS
OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing	this statement and to the hest of my know	360 S. Hope Ave. Suite C300 CITY STATE ZIP CODE AREA CODE/PHONE Santa Barbara CA 93105 805-563-1049 OPTIONAL: FAX / E-MAIL ADDRESS owledge the information contained herein and in the attached schedules is true and complete. I certify
Executed on	By	Signapore of Treasuler phassistan Treasurer Sennett
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent



Recipient Committee Campaign Statement Cover Page — Part 2



NAME OF OFFICEHOLDER OR CANDIDATE Michael T. Bennett		6. Primarily Formed E			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS Sought: City Council Member City Goleta	TRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 5662 Calle Real 407	CITY STATE ZIP	Identify the controlling office			1
	Goleta CA 93117	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROP	ONENT	
Related Committees Not Included in this not included in this statement that are controlled by you o contributions or to make expenditures on behalf of your c	r are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO.	FANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed C	andidate/Of	ficeholder Comr	nittee List names
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR C	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O.BOX)	NAME OF OFFICEHOLDER OR C	CANDIDATE OF	FFICE SOUGHT OR HELD	LI OPPOSE
CITY STATE 2	ZIP CODE AREA CODE/PHONE			THE STATE OF THE S	SUPPORT OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR C	CANDIDATE OF	FFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR C	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O.BOX)				OPPOSE
CITY STATE Z	IP CODE AREA CODE/PHONE	Attach	continuation she	ets if necessary	

Campaign Disclosure Statement Summary Page

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

Statement covers period

from 7-1-10

through 9-30-10

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010

I.D. NUMBER

3/18

						1288474		
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE				Calendar Year Summary for Candidates Running in Both the State Primary and		
	dule A, Line 3	\$	12970.99	. \$	13220.99	General Election	ns	
	dule B, Line 7	-	0.00		4160.00	1/1	through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Ad	ld Lines 1 + 2	\$	12970.99	. \$	17380.99	20. Contribution Received \$	4410.00 \$ 13259.3	
4. Nonmonetary Contributions Sched	dule C, Line 3		288.40		288.40	· · · · ·	1410.00 \$ 10233.33	
5. TOTAL CONTRIBUTIONS RECEIVED Ad	ld Lines 3 + 4		13259.39	. \$	17669.39	21. Expenditures Made \$	2026.50 \$ 12432.16	
Expenditures Made		<u> </u>				Expenditure Lin	nit Summary for State	
6. Payments Made Sched	dule E, Line 4	\$	12143.76	. \$	14170.26	Candidates	in Summary for State	
7. Loans Made Sched	dule H, Line 7		0.00	· <u> </u>	0.00	22 Cumula	ative Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Ad	ld Lines 6 + 7	\$	12143.76	. \$	14170.26	(if Subject t	o Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills) Sched	dule F, Line 3		0.00		0.00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Sched	dule C, Line 3		288.40		288.40	(mm/dd/yy)	Total to Date	
11. TOTAL EXPENDITURES MADE Add Line	es 8 + 9 + 10	\$	12432.16	. \$ <u> </u>	14458.66		\$	
Current Cash Statement							\$	
12. Beginning Cash Balance Previous Summary F	Page, Line 16	\$	5976.77	То са	lculate Column B, add		Ψ	
10. Cook Departure	Line 3 above		12970.99		ints in Column A to the sponding amounts			

2.00

0.00

4160.00

12143.76

6806.00

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 0.00

Column A, Line 8 above

Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse

14. Miscellaneous Increases to Cash Schedule I, Line 4

16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15

Cash Payments

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

19. Outstanding Debts Add Line 2 + Line 9 in Column B above 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).

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

^{*}Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary (A Contributions Received	Amour	e or print in ink. its may be rounded whole dollars.	Statement cove	•		SCHEDULE A
SEE INSTRUCTION	NS ON REVERSE			through <u>9-30</u>	-10		4 / 18
NAME OF FILER RE-ELECT CO	DUNCIL MEMBER MICHAEL T. BENNETT 2010					I.D. Nur 12884	
DATE RECEIVED	FULL NAME, MAILING 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 CALENDAR YI (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 08/26/2010	Santa Barbara County Firefighters 111 E Hwy 246 Buellton CA 93427 ID: 760812	IND COM OTH PTY SCC		5000.00	500	0.00	
Rept Dt: 08/27/2010	Cody's Cafe 4898 Hollister Ave. Santa Barbara CA 93111 ID:	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	10	0.00	
Rcpt Dt: 09/07/2010	Richard Brody 4616 Vista Buena Road Santa Barbara CA 93110 ID:	IND COM □ OTH □ PTY □ SCC	Retired N/A	125.00	12	5.00	
Rept Dt: 09/07/2010	Harwood White 1553 Knoll Circle Drive Santa Barbara CA 93103 ID:	X IND COM OTH PTY SCC	Planning Consultant Harwood White	100.00	10	0.00	
Rept Dt: 09/07/2010	Nickole Zamiara 6213 Avenida Gorrion Goleta CA 93117 ID:	X IND COM OTH PTY SCC	Paramedic AMR	100.00	10	0.00	
			SUBTOTAL	\$			
1. Amount rec	A Summary ceived this period - itemized monetary contribution Schedule A subtotals)	ns.	Φ.	11875.00	INI	ontributor O - Individ	

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule Monetary	A Contributions Received	Amour	e or print in ink. its may be rounded whole dollars.	Statement covers period			SCHEDULE A
SEE INSTRUCTIO	NS ON REVERSE			through <u>9-30-</u>	-10		5 / 18
NAME OF FILER RE-ELECT CC	DUNCIL MEMBER MICHAEL T. BENNETT 2010			1		I.D. Nu	umber
						1288	3474
DATE RECEIVED	FULL NAME, MAILING 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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/08/2010	William McGeever 5200 Hollister Ave. Santa Barbara CA 93111	X IND COM OTH PTY	Senior Care Heritage House	500.00	50	0.00	<u> </u>
Rcpt Dt: 09/13/2010	Carol Sue Bruns 6193 Barrington Dr	SCC IND COM OTH PTY	Retired N/A	150.00	15	0.00	
	Goleta CA 93117 ID:	scc					
Rept Dt: 09/13/2010	Elwood Shores 7760 Hollister Ave. Goleta CA 93117 ID:	IND COM OTH PTY SCC		300.00	30	0.00	
Rcpt Dt: 09/13/2010	Oliver Dixon 6021 Hollister Ave. Goleta CA 93117 ID:		Motel owner Super 8	300.00	55	0.00	
Rcpt Dt: 09/13/2010	Judith Borgatello 856 Willowglen Road Santa Barbara CA 93105 ID:	X IND COM OTH PTY SCC	Homemaker N/A	500.00	50	0.00	
			SUBTOTAL	\$			
(Include all 2. Amount rec	eived this period - itemized monetary contributions. Schedule A subtotals.)eived this period - unitemized monetary contribution	••••••			INE CC OT	oth) H - Other	idual ipient Committee er than PTY or SCC) (e.g., business entity)
3. Total monet (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$			Y - Politic C- Small	cal Party Contributor Committee

Schedule Monetary	A Contributions Received	Amour	e or print in ink. nts may be rounded o whole dollars.	Statement cov		SCHEDULE
SEE INSTRUCTION	NS ON REVERSE			through 4-30	0-10	6/18
NAME OF FILER RE-ELECT CC	OUNCIL MEMBER MICHAEL T. BENNETT 2010			L.		I.D. Number
	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2					1288474
DATE RECEIVED	FULL NAME, MAILING 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 D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE
Rcpt Dt: 09/13/2010	Gillian Couvillion 690 Lilac Drive Santa Barbara CA 93108 ID:	X IND COM OTH PTY SCC	Homemaker none	350.00	500.	00
Rept Dt: 09/13/2010	Gillian Couvillion 690 Lilac Drive Santa Barbara CA 93108 ID:	X IND COM OTH PTY SCC	Homemaker none	150.00	500.	00
Rept Dt: 09/13/2010	Jean Blois 5354 Calle Real 2-C Goleta CA 93111 ID:	X IND □ COM □ OTH □ PTY □ SCC	Retired N/A	250.00	250.	00
Ropt Dt: 09/13/2010	Patrick O'Malley 5017 Via Jacinto Santa Barbara CA 93111 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	250.00	250.	00
Rcpt Dt: 09/13/2010	Louise Borgatello 1011 San Roque Rd. Santa Barbara CA 93105	X IND □ COM □ OTH □ PTY	Homemaker	500.00	500.	00
	Santa Barbara CA 93105 ID:	scc				
			SUBTOTAL	\$		
(Include all	Summary eived this period - itemized monetary contribution Schedule A subtotals.)	••••••			IND	tributor Codes - Individual - Recipient Committee (other than PTY or SCC) - Other (e.g., business entity)

3. Total monetary contributions received this period.

PTY - Political Party

SCC - Small Contributor Committee

	Schedule A Monetary Contributions Received					Statement cov	ers period	SCHEDULE A	
			whole dollars.	from	-10				
SEE INSTRUCTION	IS ON REVERSE			through 9-3	50-10		7 / 18		
NAME OF FILER RE-ELECT CO	UNCIL MEMBER MICHAEL T. BENNETT 2010						umber 3474		
DATE RECEIVED	FULL NAME, MAILING 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 CALENDAR YI (JAN. 1 - DEC.	D DATE EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 09/13/2010	Kelly Onnen 5820 La Goleta Rd	☑ IND	Homemaker	250.00	250.00				
	Goleta CA 93117	OTH PTY SCC	N/A						
Rept Dt: 09/13/2010	Robin Cederlof 1485 Holiday Hill Rd	X IND ☐ COM	Retired	100.00	10	0.00			
	Goleta CA 93117 ID:	OTH PTY SCC	N/A						
Rcpt Dt: 09/22/2010	Camino Real Limited Liability Company 5330 Debbie Rd Ste 100	☐ IND ☐ COM ☑ OTH		1000.00	100	0.00			
	Santa Barbara CA 93111 ID:	PTY SCC							
Rcpt Dt: 09/22/2010	Randall Fox 116 E. Sola Street	X IND ☐ COM ☐ OTH	Attorney	100.00	10	0.00			
	Santa Barbara CA 93101 ID:	PTY SCC	Randali Fox						
Rcpt Dt: 09/22/2010	Michael Towbes 21 East Victoria Street	X IND □ COM □ OTH	Builder	1000.00	100	0.00			
	Suite 200 Santa Barbara CA 93101 ID:	PTY SCC	Michael Towbes						

Schedule A Summary

7.	Amount received this period - itemized monetary contributions.	
	(Include all Schedule A subtotale)	
	(melade all deflectule A subtotals.)	
_		

2. Amount received this period - unitemized monetary contributions of less than \$100.....\$

SUBTOTAL \$

*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 Monetary Contributions Received		Amour	ee or print in ink. nts may be rounded o whole dollars.	Statement cov	0	SCHEDULE	
SEE INSTRUCTION	NS ON REVERSE			through 9-30		8/18	
NAME OF FILER RE-ELECT CO	UNCIL MEMBER MICHAEL T. BENNETT 2010						lumber 8474
DATE RECEIVED	FULL NAME, MAILING 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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/22/2010	Sarah H. Chapman 5917 Sagebrush Road La Jolla CA 92037 ID:	IND COM OTH PTY SCC	Homemaker NA	500.00	50	0.00	
Rept Dt: 09/24/2010	Home Builders Assoc. Central Coast 246 Higuera St. San Luis Obispo CA 93401 ID: 1279679	IND COM OTH PTY SCC		250.00	25	0.00	

	SUBTOTAL \$	11875.00	
Schedule A Summary			
Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	·····\$		*Contributor Codes IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized monetary contributions of less than.\$100			(other than PTY or SCC) OTH- Other (e.g., business entity)
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	TOTAL ¢		PTY - Political Party SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received			Type or print in ink. Amounts may be rounded to whole dollars.			covers period	SCHE	DULE B - PART 1
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through 9-	30-10	9/18	
RE-ELECT COUNCIL MEMBER MICHAEL	T DENNIETT COAC						I.D. NUMBER	
	. 1. BENNETT 2010						1288474	
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 T. Bennett 5662 Calle Real 407	City of Goleta			PAID 0.00	1000.00	0.00 ,	e 1000.00	CALENDAR YEAR 4160.00
Goleta CA 93117	Goleta City Council			FORGIVEN		RATE %	\$	\$ PER ELECTION**
ID: ☑IND ☐ COM☐ OTH ☐ PTY ☐ SCC		\$ 1000.00	\$0.00	\$0.00	12/31/2006 DATE DUE	\$ 0.00	07/20/2006 DATE INCURRED	
Michael T. Bennett	City of Goleta			PAID				CALENDAR YEAR
5662 Calle Real 407 Goleta CA 93117	Goleta City Council			\$0.00	\$ 1000.00	0.00 % RATE	\$ 1000.00	\$4160.00 PER ELECTION**
ID: ☑IND ☐ COM☐ OTH ☐ PTY ☐ SCC		\$ 1000.00	\$0.00	\$ 0.00	12/31/2006 DATE DUE	\$0.00	-	
	City of Goleta			PAID	DATE DUE		DATE INCURRED	
Michael T. Bennett 5662 Calle Real 407		·		0.00	160.00	0.00 %	160.00	CALENDAR YEAR 4160.00
Goleta CA 93117 ID:	Goleta City Council			FORGIVEN	4	RATE	\$	PER ELECTION**
ID. IND □ COM □ OTH □ PTY □ SCC		\$ 160.00	\$0.00	\$0.00	12/31/2007	\$0.00	12/29/2006	
					DATE DUE		DATE INCURRED	
Cohadal DO		SUBTOTALS	\$	\$	\$	\$		
Schedule B Summary 1. Loans received this period. (Total Column (b) plus unitemized loans	less than \$100 \				\$	0.00	(Enter (e) on Schedule E, Line 3)	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that a) paid or forgiven \	dule A.)		-	\$	<u> </u>	*Contributor Codes IND - Individual COM - Recipient Cother than	ommittee PTY or SCC)
Net change this period. (Subtract Line Enter the net here and on the Summary	e 2 from Line 1)	-,		\	let \$	0.00	OTH - Other (e.g., t PTY - Political Part SCC - Small Contril	y
* Amounts forgiven or paid by another party also ** If required.					(, a no	gaara nambary =	FPPC Form	460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-EPPC (866/25, 2770)

Schedule B – Part 1 Loans Received		Ame	Type or print in in ounts may be rou to whole dollars.	nded	Statement of	covers period	SCHE	DULE B - PART 1
SEE INSTRUCTIONS ON REVERSE					through <u></u>	30-10	10 / 10	8
NAME OF FILER							I.D. NUMBER	
RE-ELECT COUNCIL MEMBER MICHAEL	T. BENNETT 2010						1288474	
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 T. Bennett	City of Goleta			PAID	12.000			CALENDAR YEAR
5662 Calle Real 407	Coloto Otto Occur II		:	\$0.00	\$500.00	0.00 %	\$500.00	\$ 4160.00
Goleta CA 93117 ID:	Goleta City Council			FORGIVEN		RATE		PER ELECTION**
ND ☐ COM☐ OTH ☐ PTY ☐ SCC		\$ 500.00	\$0.00	\$0.00	12/31/2007 DATE DUE	\$ 0.00	01/26/2007 DATE INCURRED	
	City of Goleta			PAID				CALENDAR YEAR
Michael T. Bennett 5662 Calle Real 407				\$ 0.00	s 400.00	0.00 %	400.00	4160.00
Goleta CA 93117 ID:	Goleta City Council			FORGIVEN		RATE	-	PER ELECTION**
☑IND ☐COM☐OTH☐PTY☐SCC		\$ 400.00	\$ 0.00	\$0.00	12/31/2007 DATE DUE	\$0.00		
	City of Goleta			PAID	DATEBOL		DATE INCURRED	
Michael T. Bennett 5662 Calle Real 407				0.00	200.00	0.00 %	200.00	CALENDAR YEAR 4160.00
Goleta CA 93117	Goleta City Council			FORGIVEN	\$	RATE	\$ 200.00	PER ELECTION**
ID: ☑IND ☐COM☐OTH☐PTY☐SCC		\$200.00	\$0.00	\$ 0.00	12/31/2008	\$ 0.00	09/26/2007	
EIND COMOTA OF THE OSC					DATE DUE		DATE INCURRED	
		SUBTOTALS	\$	\$	\$	\$		
Schedule B Summary 1. Loans received this period							(Enter (e) on Schedule E, Line 3)	
(Total Column (b) plus unitemized loans	less than \$100.)	WW			. \$		*Contributor Codes	· · · · · · · · · · · · · · · · · · ·
 Loans paid or forgiven this period Total Column (c) plus loans under \$100 (Include loans paid by a third party that a 	D paid or forgiven.) are also itemized on Sched	dule A.)			. \$		ND - Individual COM - Recipient C (other than	committee PTY or SCC)
Net change this period. (Subtract Lin Enter the net here and on the Summary	e 2 from Line 1.)	•		N	let \$	1	OTH - Other (e.g., t PTY - Political Part SCC - Small Contril	у ,
* Amounts forgiven or paid by another party also ** If required.					ren	O.T. II For a 12 12	FPPC Form	460 (January/05)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received			Type or print in ink. Amounts may be rounded to whole dollars.			Statement of	covers period	SCHEDULE B - PART 1		
SEE INSTRUCTIONS ON REVI	ERSE						through <u></u> 역	-30-10	11 / 18	
NAME OF FILER							tinough			
RE-ELECT COUNCIL M	EMBE	R MICHAEL	T. BENNETT 2010						I.D. NUMBER	
EUR L MANAGE COMPANY				(a)	(5)				1288474	
FULL NAME, STREET ADDRES OF LENDER (IF COMMITTEE, ALSO ENTER			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	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 CONTRIBUTION TO DATE
Michael T. Bennett 5662 Calle Real 407			City of Goleta			PAID 0.00			g 300.00	CALENDAR YEAF
			Goleta City Council			\$	\$		\$	\$ 4160.00
Goleta ID:	CA	93117	Goleta City Council			FORGIVEN		RATE		PER ELECTION*
XIND □ COM □ OTH		. 🗆		\$ 300.00	\$0.00	\$0.00	12/31/2008	0.00	09/26/2007	
MIND LICOMILIOTH	☐ PI.	Y LISCC					DATE DUE	Y	DATE INCURRED	
Michael T. Bennett			City of Goleta			PAID				CALENDAR YEAR
5662 Calle Real 407						c 0.00	600.00	0.00 %	e 600.00	4160.00
0.14			Goleta City Council			\\	Ψ	RATE %	\$	PER ELECTION**
Goleta ID:	CA	93117				FORGIVEN				PER ELECTION*

600.00

0.00

0.00

12/31/2009

DATE DUE

0.00

05/06/2008

DATE INCURRED

SUBTOTALS \$	0.00 \$	0.00 \$	4160.00 \$	0.0	
Schedule B Summary					
Loans received this period (Total Column (b) plus unitemized loans less than \$100.)		\$			(Enter (e) on Schedule E, Line 3)
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)		\$			*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.		Net \$	(may be a negative n		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.

☑IND ☐COM☐OTH☐PTY☐SCC

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK EPPC (956/775, 2770)

Schedule C Nonmonetary Contributions Received			Amounts m	Type or print in ink. Amounts may be rounded to whole dollars.			eriod	CALIFORNIA 460		
SEE INSTRUCT	IONS ON REVERSE				through	5-30·	-10	1	2 / 18	
	TOUNCIL MEMBER MICHAEL T. BENNETT 2	2010						I.D. Num	ber	
	DEINNETT 2	2010						128847	74	
	ELILI NAME STREET ADDRESS AND		IF AN INDIVIDUAL ENTER		A1/	AOLINT/	CUMULA [*]	TIVE TO		

						128847	74
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)
Rcpt Dt: 09/03/2010	Peri & Alvarado Cpa's Inc. 360 South Hope Ave C300 Santa Barbara CA 93105 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		PRO	119.00	119.00	
Rept Dt: 09/13/2010	Peter Jordano 550 S. Patterson Santa Barbara CA 93111 ID:	X IND COM OTH PTY SCC	CEO Jordano's Inc.	Beverages	169.40	169.40	

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	288.40

Schedule C Summary

Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	*Contributor Codes
2. Amount received this period - unitemized nonmonetary contributions of less than \$100\$ 0.00	COM- Recipient Co - (other than P
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.)	OTH - Other (e.g., b PTY - Political Part SCC - Small Contril

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.

	SCHEDULE E
Statement covers period	
from 7-1-10	
through	_ 13 / 18
	I.D. NUMBER
	1288474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010

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

CTB	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MTG meetings OFC office ex PET petition of PHO phone bate POL polling al POS postage,	eirculating anks nd survey research delivery and messenger services anal services (legal, accounting)	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR		0000		

	TTT plitt aus		vveb information technology co	osts (internet, email)
NAME AND ADDRESS OF PAYEE OR CRI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	EDITOR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Goleta 130 Cremona Drive Suite B	ID:	FIL		540.00
Goleta CA 93117				
Peri & Alvarado Cpa's Inc. 360 South Hope Ave C300	ID:	PRO		648.00
Santa Barbara CA 93105				
Direct File 504 Van Ness Ave.	ID:	PRO		510.00
Fresno CA 93721				

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$ 12143.76 2. Unitemized payments made this period of under \$100.\$ _ 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 0.00\$

12143.76

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period	_	SCHEDULE	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through <u>9-30-10</u>	_ 1	4 / 18	
RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010					I.D. NUN	IBER	
					12884	74	
CODES: If one of the following codes accurately describes t	the payment, you i	may enter th	e code. Otherwise	e, describe the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads			RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate voter registration WEB information technology costs (internet, email)			
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DES	CRIPTION OF PAYMENT		AMOUNT PAID	
Staples 7015 Marketplace Drive	ID:	OFC				102.28	
Goleta CA 93117							
Wilson Printing 5777 Hollister Ave.	ID:	POS				245.21	
Goleta CA 93117							
UPS Store 5662 Calle Real	ID:	POS				132.00	
Goleta CA 93117							
* Payments that are contributions or independent expenditures must ale	so be summarized or	n Schedule D.		SU	IBTOTAL \$		
Schedule E Summary							
Itemized payments made this period. (Include all Schedule)	e E subtotals \						
2. Unitemized payments made this period of under \$100.							
3. Total interest paid this period on loans. (Enter amount from	m Schedule B. Pa	rt 1 Colum					
4. Total payments made this period. (Add lines 1, 2, and 3. I	Enter here and on	the Summa	ary Page, Column	A, Line 6.) T (

Schedule E Payments Made	Amour	e or print in its may be r whole dolla	ounded	Statement covers period		SCHEDULE
SEE INSTRUCTIONS ON REVERSE				through 9-30-10		15 / 18
NAME OF FILER RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010					I.D. NUN	MBER
					12884	74
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc.						
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con meetings are office exper petition circle phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearan nses ulating ss survey resea livery and m	ces arch essenger services	RAD radio airtime and proc RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime ar TRC candidate travel, lod TRS staff/spouse travel, lo TSF transfer between com VOT voter registration WEB information technolog	s daries nd production c ing, and meals dging, and mea mittees of the s	als same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	Z G G G G G G G G G G G G G G G G G G G	AMOUNT PAID
UPS Store 5662 Calle Real	ID:	OFC				240.00
Goleta CA 93117						
Peri & Alvarado Cpa's Inc. 360 South Hope Ave C300	ID:	PRO				615.00
Santa Barbara CA 93105						
Hobadaba Services 249 Iris Ave.	ID:	WEB				371.25
Goleta CA 93117						
Payments that are contributions or independent expenditures must al	so be summarized or	n Schedule I	D.		SUBTOTAL \$	
Schedule E Summary						
. Itemized payments made this period. (Include all Schedul	e E subtotals.)				\$	
Unitemized payments made this period of under \$100.		•••••	***************************************		\$	
Total payments made this period on loans. (Enter amount from	m Schedule B, Pa	rt 1, Colur	mn (e).)		\$	
. Total payments made this period. (Add lines 1, 2, and 3.	Enter here and on	the Sumr	nary Page, Colu	mn A Line 6)	COTAL &	

Schedule E Payments Made	Amoun	e or print in in ts may be rou whole dollars	ınded	Statement covers period		SCHEDULE
SEE INSTRUCTIONS ON REVERSE				through <u>9-30-16</u>	. 16	6 / 18
NAME OF FILER				L	I.D. NUME	BER
RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010					128847	'A
CODES: If one of the following codes accurately describes	the payment, you r	may enter t	ne code. Otherwise	e, describe the payment.	1, ,230	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads			RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate VOT voter registration WEB information technology costs (internet, email)		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Precision Printing & Design 12455 Branford St. Suite 11 B	ID:	POS				2634.00
Arleta CA 91331						
Dacia Harwood 6854 Shadowbrook	ID:		Agent Bill Payment			125.00
Goleta CA 93117						
Event Rents 389 S. Los Carneros Rd. B	ID:	FND				115.74
Goleta CA 93117						
* Payments that are contributions or independent expenditures must a	ilso be summarized or	n Schedule D		SU	BTOTAL \$	
Schedule E Summary						
 Itemized payments made this period. (Include all Schedu 	ile E subtotals.)	••••			\$	
2. Unitemized payments made this period of under \$100.						
3. Total interest paid this period on loans. (Enter amount fro	om Schedule B. Pa	rt 1, Colum				
4. Total payments made this period. (Add lines 1, 2, and 3.				A, Line 6.) TO	\$ DTAL \$	

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		i	Statement covers period from		SCHEDULE	
SEE INSTRUCTIONS ON REVERSE				through	9-30-10	. 17	7 / 18
NAME OF FILER				<u></u>		I.D. NUMI	BER
RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010						128847	4
CODES: If one of the following codes accurately describes t	he payment, you r	nay enter t	the code. Othe	erwise, describe	the payment.	120047	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		RFD SAL 6 TEL 1 TRC 6 TRS 5 TSF 1 VOT 5	radio airtime and product returned contributions campaign workers' salari t.v. or cable airtime and p candidate travel, lodging staff/spouse travel, lodging transfer between commit voter registration information technology of	aries d production costs ng, and meals ging, and meals nittees of the same candidate/sponso		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF			AMOUNT PAID
Country Catering Co. 5925 Calle Real	ID:	FND					562.78
Goleta CA 93117							
Santa Barbara Mailworks 601 Pine Avenue	ID:	POS					5000.00
Goleta CA 93117							
CopyRight Printing Systems 5710 Hollister Ave.	ID:	LIT					302.50
Goleta CA 93117							
* Payments that are contributions or independent expenditures must al	so be summarized or	n Schedule D).		SU	BTOTAL \$	12143.76
Schedule E Summary							
Itemized payments made this period. (Include all Schedul	e E subtotals.)					ታ	
2. Unitemized payments made this period of under \$100.							
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B. Pa	rt 1 Colum	nn (e))	••••••••••	••••••	\$	
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter here and on	the Sumn	nary Page, Col	umn A, Line 6.)	ΤΩ	\$ DTAL \$	

Schedule I			
Miscellaneous	Increases	to	Cash

RE-ELECT COUNCIL MEMBER MICHAEL T. BENNETT 2010

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SCHEDITIET

	OO! IEDUEE !
Statement covers period	
from	
through <u>9-30-10</u>	18 / 18
	I.D. NUMBER
	1288474
SCRIPTION OF RECEIPT	AMOUNT OF

 			1288474
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	ID:		

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		\$2.00	
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)		\$ 12970.99	
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the	TOTAL		FPPC Form 460 (January/05)