

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
CITY OF GOLETA
CITY CLERK'S OFFICE
2012 JUL 16 AM 10 19

Statement covers period
from 01/01/2012
through 06/30/2012

Date of election if applicable:
(Month, Day, Year)
2012 11/06/2012

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
1338118

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

EASTON FOR COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)

110 SOUTH KELLOGG AVENUE

| | | | |
|---------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>GOLETA</u> | <u>CA</u> | <u>93117</u> | <u>(805) 967-1113</u> |

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

5710 HOLLISTER AVENUE #258

| | | | |
|---------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>GOLETA</u> | <u>CA</u> | <u>93117</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 JULY 12, 2012
Date

Executed on JULY 16, 2012
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 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
EDWARD EASTON

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
110 SOUTH KELLOGG AVENUE 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**

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

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>01/01/2012</u> through <u>06/30/2012</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>7</u> |
| I.D. NUMBER 1338118 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EASTON FOR COUNCIL 2012

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>5,140.00</u> | \$ <u>5,140.00</u> |
| 2. Loans Received <i>Schedule B, Line 3</i> | <u>0.00</u> | <u>1,000.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i> | \$ <u>5,140.00</u> | \$ <u>5,140.00</u> |
| 4. Nonmonetary Contributions <i>Schedule C, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i> | \$ <u>5,140.00</u> | \$ <u>6,140.00</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>300.00</u> | \$ <u>300.00</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>300.00</u> | \$ <u>300.00</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>0.00</u> | <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i> | \$ <u>300.00</u> | \$ <u>300.00</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>3,671.00</u> |
| 13. Cash Receipts <i>Column A, Line 3 above</i> | <u>5,140.00</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>300.00</u> |
| 16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>8,511.00</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> |
|--|----------------|

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>1,000.00</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.

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2012 | |
| through | 06/30/2012 | Page <u>4</u> of <u>7</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------------|
| NAME OF FILER EASTON FOR COUNCIL 2012 | I.D. NUMBER 1338118 |
|---|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 4/6/2012 | HELENE SCHNEIDER FOR MAYOR 1416 CHINO 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 | | 100.00 | 100.00 | |
| 4/21/2012 | RICHARD C. 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 | FUND MANAGER, QUICKSILVER TRADING INC. | 5,000.00 | 5,000.00 | |
| | | <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 \$ | | | | 5,100.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5,100.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 40.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5,140.00

*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 B – Part 1
Loans Received**

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

| | |
|--|--------------------------------|
| Statement covers period from <u>01/01/2012</u> through <u>06/30/2012</u> | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>7</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EASTON FOR COUNCIL 2012

I.D. NUMBER

1338118

| 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 |
|---|---|--|------------------------------------|--|--|----------------------------------|---------------------------------------|--|
| EDWARD EASTON 110 SOUTH KELLOGG AVENUE GOLETA, CA 93117 | COUNCIL MEMBER CITY OF GOLETA | \$ 1,000 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1,000 NONE DATE DUE | 0 RATE \$ 0.00 | \$ 1,000 4/7/2011 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** \$ |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| SUBTOTALS | | \$ | \$ 0.00 | \$ 0.00 | \$ 1,000 | \$ 0.00 | | |

Schedule B Summary

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

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

| | | | |
|-------------------------|------------|----------------------------|---------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 01/01/2012 | Page | 6 of 7 |
| through | 06/30/2012 | I.D. NUMBER | 1338118 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EASTON FOR COUNCIL 2012

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 5/24/2012 | SANTA BARBARA COUNTY DEMOCRATIC PARTY - CENTRAL COMMITTEE FPPC ID # 742091 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 150.00 | 150.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 150.00 | | |

Schedule D Summary

| | | |
|--|-----------------|--------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) | \$ | 150.00 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | \$ | 0.00 |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | TOTAL \$ | 150.00 |

**Schedule E
Payments Made**

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

| | | |
|-------------------------|------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2012 | |
| through | 06/30/2012 | Page <u>7</u> of <u>7</u> |
| NAME OF FILER | | I.D. NUMBER |
| EASTON FOR COUNCIL 2012 | | 1338118 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EASTON FOR COUNCIL 2012

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 |
|---|---------|------------------------|-------------|
| SANTA BARBARA COUNTY DEMOCRATIC PARTY CENTRAL COMMITTEE - 914 ANACAPA STREET SANTA BARBARA, CA 93121 FPPC ID # 742091 | CTB | | 150.00 |
| DEMOCRATIC SERVICE CLUB OF SANTA BARBARA 402 E. GUTIERREZ STREET SANTA BARBARA, CA 93101 | CTB | | 100.00 |
| | | | |

* 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.) | \$ | 250.00 |
| 2. Unitemized payments made this period of under \$100 | \$ | 50.00 |
| 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 \$ | 300.00 |