Statement of Organization				Date Stam	p	CALIF	ORNIA AAA
Recipient Committee				The House there	lison B		
Statement Type	Amendment List I.D. number: # 1329680	Termination - List I.D. number:	- See Part 5 in t	ne office of the Sec of the State of C	netary o Salifornia	And the state of the state of	For Official Use Only
Date qualified as committee	04 /21 /2014  Date qualified as committee (IF applicable)	/	<b>_/</b> ation	AIN 20	<u> </u>		
1. Committee Information			reasurer/and/01	her Principal O	fficers		
RE-ELECT PAULA PEROTTE - GO	LETA CITY COUNCI		ME OF TREASURER OBERT E. WIO	CNOT			•
STREET ADDRESS (NO P.O. BOX)	LETA CHT COUNCI		REET ADDRESS (NO P.O. BOX)	SNOT	·		
7847 RIO VISTA DRIVE	4, 113 j		155 VERDURA	AVENUE			
CITY STATE	ZIP CODE AREA CODE/P				STATE	ZIP CODE	AREA CODE/PHONE
GOLETA 2002 AND CA 93	3117 (805)886	-4636 C	OLETA		CA	93117	(805)964-8166
MAILING ADDRESS (IF DIFFERENT)		NA	ME OF ASSISTANT TREASURER	, IF ANY	······		
P.O. BOX 80607, GOLETA, CA 931	18	Space N	OT APPLICAE	BLE			
FAX / E-MAIL ADDRESS		STR	EET ADDRESS (NO P.O. BOX)				
COUNTY OF DOMICILE JURISDICTION WHI	ERE COMMITTEE IS ACTIVE	. cit	Y		STATE	ZIP CODE	AREA CODE/PHONE
SANTA BARBARA CITY OF	GOLETA						
		NA	ME OF PRINCIPAL OFFICER(S)		, , , , , , , , , , , , , , , , , , , ,		·
		Р	AULA PEROT	TE			
Attach additional information on appropriate	v labeled continuation sheet	٠.	EET ADDRESS (NO P.O. BOX)				
,	,	<u>/</u>	847 RIO VISTA	A DRIVE		·	
		CIT	•		STATE	ZIP CODE	AREA CODE/PHONE
		<u>G</u>	OLETA		<u>CA</u>	93117	(805)886-4636
3. Verification I have used all reasonable diligence in preparable penalty of perjury under the laws of the Starestand o				ion contained here	ein is tru	e and compl	ete. I certify under
Executed on 04/25/2014  DATE  By		audr=	URER OR ASSISTANT TREASUR				
Executed on By	SIGNATURE (	DE CONTROLLING DESICERO	LDER, CANDIDATE, OR STATE N	AFASURE PROPONENT			
Executed on By	JIGNATURE		EVERY CHITOIDALE, OR STALE N	PERSONE I NOT ONENT			
Executed on By	SIGNATURE	OF CONTROLLING OFFICEHO	OLDER, CANDIDATE, OR STATE I	MEASURE PROPONENT		· .×	

## Statement of Organization Recipient Committee

Primarily Formed Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

RE-ELECT PAULA PEROTTE - GOLETA CITY COUNCIL 2014

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

All committees must list the financial institution where the campaign bank account is located.

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NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOU		
JNION BANK - CAMINO REAL MARKETPLC OF	(805)968-6144	0	050799514	
ADDRESS	CITY	STATE	ZIP CODE	
7078 MARKETPLACE DRIVE	GOLETA, CA 93117	CA	93117	
. Type of Committee Complete the applicable sections.				
Controlled Committee				$(E_{ij}) = -\frac{1}{2} \left( \frac{\partial P_{ij}}{\partial P_{ij}} + \frac{\partial P_{ij}}{\partial P_{ij}} + \frac{\partial P_{ij}}{\partial P_{ij}} + \frac{\partial P_{ij}}{\partial P_{ij}} \right)$
HILLIAN IN 1881 AND THE STATE OF THE STATE O	measure proponent. If candidate or	officeholder c	ontrolled, also list the elect	ive office sought or held, a
List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.		officeholder c	ontrolled, also list the elect	ive office sought or held, ar
List the name of each controlling officeholder, candidate, or state	is affiliated or check "nonpartisan."			ive office sought or held, ar
List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.  List the political party with which each officeholder or candidate	is affiliated or check "nonpartisan."	er of the othe		ive office sought or held, ar
List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.  List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee,  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	is affiliated or check "nonpartisan."  list the name and identification numb  ELECTIVE OFFICE SOUGHT ON ON THE CONTRICT NUMBER IF A	er of the othe	r controlled committee.  YEAR OF ELECTION	
List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.  List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee,	is affiliated or check "nonpartisan."  list the name and identification numb	er of the othe	r controlled committee.	PARTY

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

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION

(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

OPPOSE

SUPPORT

## **Statement of Organization Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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I.D. NUMBER

RE-ELECT PAULA PEROTTE - GOLETA CITY COUNCIL 2014

1329680

**FORM** 

4. Type of Committee	(Continued)				
General Purpose Commi		ort or oppose specific candidates or meas		k only one box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVIT	ΥΥ				
Sponsored Committee	List additional sponsors o	n an attachment.			
NAME OF SPONSOR		INDUSTRY GROUP OR AFF	FILIATION OF SPONSOR		
STREET ADDRESS NO	O. AND STREET	СПУ	STATE	ZIP CODE	
Small Contributor Commi	ittee Date qualifi	_/			

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 meta-

- 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.

## Additional Comments for Form 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

RE-ELECT PAULA PEROTTE - GOLETA CITY COUNCIL 2014

CALIFORNIA 410

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I.D. NUMBER

1329680

THE COMMITTEE NAME HAS BEEN CHANGED TO REFLECT A RE-ELECTION CAMPAIGN IN THE CURRENT ELECTION YEAR.

THE FINANCIAL INSTITUTION NAME AND CAMPAIGN BANK ACCOUNT NUMBER HAVE BEEN CHANGED.