

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1329680

04 / 21 / 2014

Date qualified as committee
(If applicable)

Termination -- See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp CITY OF GOLETA CITY CLERK'S OFFICE 2015 JAN 26 PM 3:53	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

RE-ELECT PAULA PEROTTE - GOLETA CITY COUNCIL 2014

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)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

SANTA BARBARA

CITY OF GOLETA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ROBERT E. WIGNOT

STREET ADDRESS (NO P.O. BOX)

6155 VERDURA AVENUE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GOLETA CA 93117 (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.

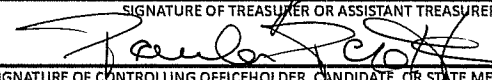
Executed on 12/31/2014
DATE

By


SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/31/2014
DATE

By


SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME RE-ELECT PAULA PEROTTE - GOLETA CITY COUNCIL 2014	I.D. NUMBER 1329680
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION UNION BANK - CAMINO REAL MARKETPLC OFC	AREA CODE/PHONE (805)968-6144	BANK ACCOUNT NUMBER 0050799514	
ADDRESS 7078 MARKETPLACE DRIVE	CITY GOLETA, CA 93117	STATE CA	ZIP CODE 93117

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 "nonpartisan."
- 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	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME

RE-ELECT PAULA PEROTTE - GOLETA CITY COUNCIL 2014

I.D. NUMBER

1329680

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

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

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.

**Additional Comments
for Form 410**

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COMMITTEE NAME

I.D. NUMBER

RE-ELECT PAULA PEROTTE – GOLETA CITY COUNCIL 2014

1329680

THE COMMITTEE MAILING ADDRESS HAS BEEN CHANGED. IT IS NOW THE SAME AS THE STREET ADDRESS.