

RECEIVED  
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PRACTICES COMMISSION



STATEMENT OF ECONOMIC INTERESTS OF GOLETA  
COVER PAGE  
CITY CLERK'S OFFICE

Date Initial Filing  
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Please type or print in ink.

2015 APR -8 PM 3:29

2015 MAR 31 PM 3:21

NAME OF FILER  
Perotte Paula Ann  
(LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Goleta Mayor  
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attached Position:

2. Jurisdiction of Office (Check at least one box)

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of Santa Barbara
- City of Goleta  Other \_\_\_\_\_

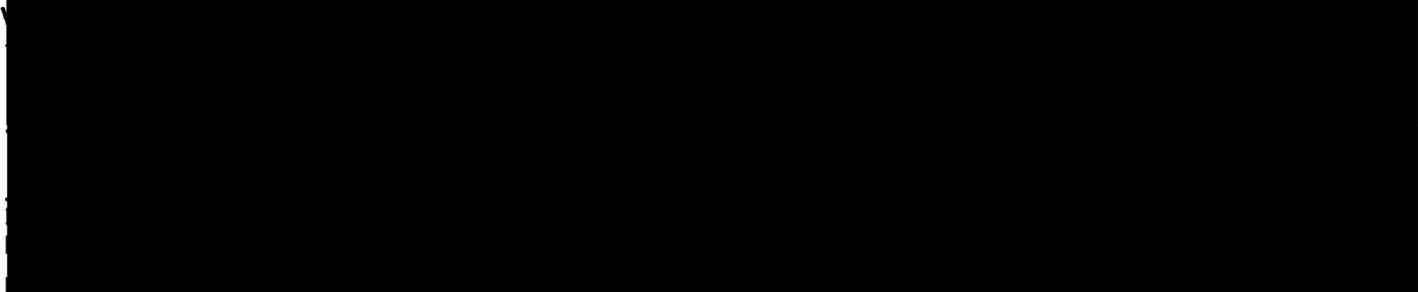
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.  Leaving Office: Date Left \_\_\_\_\_ (Check one)
- or-  The period covered is \_\_\_\_\_ through December 31, 2014.  The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_  The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 3
- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
  - Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule

5.



Date Signed 3-31-15  
(month, day, year)

**SCHEDULE D**  
**Income - Gifts**

Name  


▶ NAME OF SOURCE (Not an Acronym)  
Metropolitan Theatre  
 ADDRESS (Business Address Acceptable)  
82777 W. 3rd Street, LA CA 90048  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>61.50</u>	<u>3 movies</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Traffic Solutions for Santa Barbara County  
 ADDRESS (Business Address Acceptable)  
260 N. San Antonio Road Suite SB CA. 93110  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 13 / 14</u>	\$ <u>63.47</u>	<u>Prince Lionheart Bike</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

Comments: \_\_\_\_\_

March 31, 2015

Attachment to FPPC Cover Page

**Paula Perotte**

**Section #1**

**Agency: Beach Erosion Authority for Clean Oceans and Nourishment (BEACON)**

501 Poli Street Room 120

Attn: Pam Bamgardner

Position: Governing Board Member

Jurisdiction Office: County of Santa Barbara