Recipient Committee Campaign Statement Cover Page
(Government Code Sections 84200-84216.5)

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
   - Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
   - Prelection Statement
   - Semi-annual Statement
   - Termination Statement (Also file a Form 410 Termination)
   - Quarterly Statement
   - Special Odd-Year Report
   - Supplemental Prelection Statement - Attach Form 495
   - Amendment (Explain below)

   To correct some figures on the Summary Page

3. Committee Information
   - I.D. NUMBER
   - 1343185
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   - BERT PERELLO CITY COUNCIL 2013
   - STREET ADDRESS (NO P.O. BOX)
   - 2391 REDWING LANE
   - CITY
   - OXNARD
   - STATE
   - CA
   - ZIP CODE
   - 93036
   - AREA CODE/PHONE
   - 805/988-6141
   - NAME OF TREASURER
   - JOHN TOLIAN
   - MAILING ADDRESS
   - 2322 NORTHSTAR WAY
   - CITY
   - OXNARD
   - STATE
   - CA
   - ZIP CODE
   - 93036
   - AREA CODE/PHONE
   - 805/248-3640
   - NAME OF ASSISTANT TREASURER, IF ANY
   - BERT PERELLO
   - MAILING ADDRESS
   - P.O. BOX 6751
   - 2391 REDWING LANE
   - CITY
   - OXNARD
   - STATE
   - CA
   - ZIP CODE
   - 93001
   - AREA CODE/PHONE
   - 805/988-6141

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 May 27, 2013
   By BERT PERELLO

   Executed on May 27, 2013
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERT PERELLO CITY COUNCIL 2013</td>
<td>CITY COUNCIL; CITY OF OXNARD</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS</td>
<td></td>
</tr>
<tr>
<td>2391 REDWING LANE</td>
<td></td>
</tr>
<tr>
<td>OXNARD, CA 93036</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
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<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
### Contributions Received

1. Monetary Contributions ............................................ Schedule A, Line 3 $10739 $17784
2. Loans Received .................................................. Schedule B, Line 3 0 5080
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $10739 $22864
4. Nonmonetary Contributions .................................. Schedule C, Line 3 867 2035
5. TOTAL CONTRIBUTIONS RECEIVED ...................... Add Lines 3 + 4 $11608 $24899

### Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $7681 11636
7. Loans Made ..................................................... Schedule H, Line 3 0 5080
8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7 $7681 16716
9. Accrued Expenses (Unpaid Bills) ................. Schedule F, Line 3 0 0
10. Nonmonetary Adjustment .................................. Schedule C, Line 3 867 2035
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $8548 18751

### Current Cash Statement

12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 $6775
13. Cash Receipts .................................................. Column A, Line 3 above 10739
14. Miscellaneous Increases to Cash ................. Schedule I, Line 4 0
15. Cash Payments ............................................... Column A, Line 8 above 7681
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $9833

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).

17. LOAN GUARANTEES RECEIVED ....................... Schedule B, Part 2 0

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ....................................... See instructions on reverse 0
19. Outstanding Debts ..................................... Add Line 2 + Line 9 in Column B above 5080

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- Contributions Received: $10739, $17784
- Expenditures Made: $7681, 11636

### Expenditure Limit Summary for State Candidates

- **Cumulative Expenditures Made**: (If Subject to Voluntary Expenditure Limit)
  - Date of Election (mm/dd/yy): $__________
  - Total to Date: $__________

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