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
(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 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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. BOX 6751

CITY OXNARD
STATE CA
ZIP CODE 93036
AREA CODE/PHONE 805/988-6141

OPTIONAL: FAX / E-MAIL ADDRESS

3. Committee Information

TREASURER(S)

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
2391 REDWING LANE

CITY OXNARD
STATE CA
ZIP CODE 93036
AREA CODE/PHONE 805/988-6141

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 ____________
Date ____________

By ___________________________
Signature of Treasurer or Assistant Treasurer

Executed on ________
Date ________

By ___________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on ________
Date ________

By ___________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ________
Date ________

By ___________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
<th>City Council/City of Oxnard</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERT PERELLO</td>
<td></td>
</tr>
<tr>
<td>Office Sought or Held (include location and district number if applicable)</td>
<td></td>
</tr>
<tr>
<td>Residential/Business Address (no. and street)</td>
<td>City State Zip</td>
</tr>
<tr>
<td>2391 REDWING LANE 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></td>
<td></td>
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</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>
<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 Propponent</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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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></td>
<td></td>
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</table>

<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></td>
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</tbody>
</table>

<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>
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<td></td>
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</table>

<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></td>
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</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
**Campaign Disclosure Statement**

**Summary Page**

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

**Statement covers period**

<table>
<thead>
<tr>
<th>from</th>
<th>through</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/21/2013</td>
<td>5/20/2013</td>
</tr>
</tbody>
</table>

**NAME OF FILER**

BERT PERELLO

**I.D. NUMBER**

1343185

---

### Contributions Received

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3</td>
<td>$10739</td>
</tr>
<tr>
<td>A</td>
<td>2</td>
<td>$5080</td>
</tr>
<tr>
<td>C</td>
<td>2</td>
<td>$22864</td>
</tr>
<tr>
<td>C</td>
<td>1</td>
<td>$2035</td>
</tr>
</tbody>
</table>

**SUBTOTAL CASH CONTRIBUTIONS** $11606

**TOTAL CONTRIBUTIONS RECEIVED** $24899

---

### Expenditures Made

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>4</td>
<td>$7681</td>
</tr>
<tr>
<td>H</td>
<td>3</td>
<td>$5080</td>
</tr>
<tr>
<td>D</td>
<td>7</td>
<td>$16716</td>
</tr>
</tbody>
</table>

**SUBTOTAL CASH PAYMENTS** $7681

**TOTAL EXPENDITURES MADE** $16716

---

### Current Cash Statement

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>$9833</td>
</tr>
</tbody>
</table>

**ENDING CASH BALANCE** $9833

---

### Expenditure Limit Summary for State Candidates

**Date of Election**

**Total to Date**

---

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>4</td>
<td>$0</td>
</tr>
<tr>
<td>B</td>
<td>2</td>
<td>$0</td>
</tr>
</tbody>
</table>

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).

---

**FPPC Form 460 (January/05)**

**FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-3772)
Schedule A
Monetary Contributions Received

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

Statement covers period from 4/21/2013 through 5/20/2013

NAME OF FILER
BERT PERELLO

ID. NUMBER
1343185

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/23/2013</td>
<td>FRED ROSEMUND 162 SOUTH A STREET OXNARD, CA 93030</td>
<td>IND</td>
<td>ATTORNEY/SELF EMPLOYED</td>
<td>500</td>
<td>1500</td>
<td></td>
</tr>
<tr>
<td>4/23/2013</td>
<td>SHIRLEY GODWIN 3830 SAN SIMEON OXNARD, CA 93036</td>
<td>IND</td>
<td>RETIRED</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>4/23/2013</td>
<td>LARRY GODWIN 3830 SAN SIMEON OXNARD, CA 93036</td>
<td>IND</td>
<td>RETIRED</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>4/23/2013</td>
<td>LINDA MOLINA 1723 GABRIELLA DRIVE OXNARD, CA 93030</td>
<td>IND</td>
<td>RETIRED</td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>4/23/2013</td>
<td>THOMAS RAGAN 800 HAZELWOOD OXNARD, CA 93030</td>
<td>IND</td>
<td></td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 1250

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 10640

2. Amount received this period – unitemized monetary contributions of less than $100 ........ $ 99

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................... TOTAL $ 10739

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule A (Continuation Sheet)

**Monetary Contributions Received**

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

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/23/2013</td>
<td>WILLIAM SHALLENBERGER 2402 LOBELIA DRIVE OXNARD, CA 93036</td>
<td>☑ IND</td>
<td></td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>5/8/2013</td>
<td>JENNY CARD 2114 NORMA STREET OXNARD, CA 93036</td>
<td>☑ IND, RETIRED</td>
<td></td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>5/8/2013</td>
<td>JANE TOLMACH 656 DOUGLAS AVENUE OXNARD, CA 93030</td>
<td>☑ IND, RETIRED</td>
<td></td>
<td>1000</td>
<td>1000</td>
<td></td>
</tr>
<tr>
<td>5/8/2013</td>
<td>BARBARA DRISCOLL 921 W. BEVERLY OXNARD, CA 93030</td>
<td>☑ IND, RETIRED</td>
<td></td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>5/8/2013</td>
<td>ALICE MADRID 1127 SOUTH L STREET OXNARD, CA 93033</td>
<td>☑ IND</td>
<td></td>
<td>40</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 1690

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**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

---

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/8/2013</td>
<td>JOSEPH O'NEILL 705 NORTH A STREET OXNARD, CA 93030</td>
<td>☑ IND</td>
<td></td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EDWARD GURROLA 4101 ROMANY DRIVE OXNARD, CA 93035</td>
<td>☑ IND</td>
<td>RETIRED</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>5/10/2013</td>
<td>SERVICE EMPLOYEES INTL. UNION 1545 WILSHIRE BLVD #100 LOS ANGELES, CA 90017</td>
<td>☑ IND</td>
<td></td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>5/13/2013</td>
<td>ARLENE HANSON 2971 OARFISH LANE OXNARD, CA 93035</td>
<td>☑ IND</td>
<td></td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>5/16/2013</td>
<td>RIGOBERTO GONZALEZ 506 COOPER ROAD OXNARD, CA 93030</td>
<td>☑ IND</td>
<td>FACILITY OPERATIONS MANAGER/PACIFIC VEHICLE PROCESSORS</td>
<td>250</td>
<td>250</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 1100
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 5/16/2013     | DUANE MOTAR  
651 PALM DRIVE  
OXNARD, CA 93030 | ☑️ IND        | FACILITY OPERATIONS MANAGER/PACIFIC VEHICLE PROCESSORS                         | 500                          | 500                                           |                                  |
| 5/17/2013     | LAURAINE EFFRESS  
2831 HARBOR BLVD  
OXNARD, CA 93035 | ☑️ IND                      | RETIRED                                                             | 100                          | 100                                           |                                  |
| 5/17/2013     | TRI COUNTIES CENTRAL LABOR COUNCIL COPE PAC  
816 CAMARILLO SPRINGS ROAD STE. G CAMARILLO, CA 93012 | ☐️ IND                  |                                                                                     | 5000                         | 5000                                          |                                  |
| 5/18/2013     | LABORERS INTL. UNION OF NORTH AMERICA LOCAL #585 AFL-CIO  
21 SOUTH DOS CAMINOS AVE. VENTURA, CA 93003 | ☐️ IND            |                                                                                     | 1000                         | 1000                                          |                                  |

**SUBTOTAL $ 6800**

*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 C  
Nonmonetary Contributions Received

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

Statement covers period  
from 4/21/2013  
through 5/20/2013  

NAME OF FILER  
BERT PERELLO  
I.D. NUMBER  
1343185

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/1/2013</td>
<td>BERT PERELLO 2391 REDWING LANE OXNARD, CA 93036</td>
<td>IND</td>
<td>MAIL CARRIER/USPS COMPUTER SERVICES</td>
<td>99.00</td>
<td>198</td>
<td></td>
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</tr>
<tr>
<td>5/15/2013</td>
<td>JOHN TOLIAN 2322 NORTHSTAR WAY OXNARD, CA 93036</td>
<td>IND</td>
<td>RETIRED POSTAGE</td>
<td>23.95</td>
<td>23.95</td>
<td></td>
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</tr>
<tr>
<td>5/17/2013</td>
<td>ED CASTILLO P.O. BOX 962 OXNARD, CA 93032</td>
<td>IND</td>
<td>SURPLUS PROPERTY MANAGER PRINTING SIGNS</td>
<td>743.68</td>
<td>743.68</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C Summary  

1. Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ................................................................. $ 866.63  

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .................................. $ 0  

3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ........................... TOTAL $ 866.63

*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

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule E
Payments Made

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

Statement covers period from 4/21/2013 through 5/20/2013

NAME OF FILER
BERT PERELLO

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHD phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRIS KAPUSCIK</td>
<td>POL</td>
<td>PURCHASE OF MAP</td>
<td>32.00</td>
</tr>
<tr>
<td>6325 LOMA VISTA ROAD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VENTURA, CA 93003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNION GRAPHICS INC</td>
<td>PRT</td>
<td>PRINTING AND MAILING SERVICES</td>
<td>6692.00</td>
</tr>
<tr>
<td>347 S. CLARENCE STREET</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOS ANGELES, CA 90033</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAYPAL ON-LINE</td>
<td>OFC</td>
<td>PROCESSING FEES</td>
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<td></td>
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</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL $6746.35

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 7681
2. Unitemized payments made this period of under $100 $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 7681
## Schedule E (Continuation Sheet)

### Payments Made

**NAME OF FILER:** BERT PERELLO

**I.D. NUMBER:** 1343185

**STATEMENT COVERS PERIOD:**
- **from:** 4/21/2013
- **through:** 5/20/2013

### CODES:
- Code descriptions for various types of payments.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFC</td>
<td>REIMBURSEMENT FOR GAS, FOOD, ETC.</td>
<td>131.82</td>
</tr>
<tr>
<td>PRT</td>
<td>PRINTING AND MAILING SERVICES</td>
<td>803.00</td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF PAYEE**
- **RICHARD SANTILLAN**
  - 3341 PAULA STREET
  - OXNARD, CA 93033
- **UNION GRAPHICS INC**
  - 347 S. CLARENCE STREET
  - LOS ANGELES, CA 90033

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*

**SUBTOTAL:** $934.82

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**CALIFORNIA FORM 460**

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