497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER			
Debbie Peterson City Council 2016 (Date of Election 11/08/16)			

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)
805 550 4490	not yet qualified

STREET ADDRESS

████████████

CITY	STATE	ZIP CODE
Grover Beach	CA	93433

Date of This Filing: 08/24/16

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages: 1

Date Stamp

RECEIVED
AUG 24 2016
CITY OF GROVER BEACH

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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/24/2016	Peterson Team Realty ████████████ Grover Beach, CA 93433	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1162.00 ☒ Check if Loan 0 % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____ % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____ % Provide interest rate

**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

Reason for Amendment: _____