

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Debbie Peterson Grover Beach City Council 2016</b>		Date of This Filing <b>10/5/16</b>	Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <b>1390469</b>	Report No. <b>Two</b>	City of Grover Beach	
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. <b>One</b> (explain below)	<b>OCT 05 2016</b>	<b>RECEIVED</b>
CITY <b>Grover Beach</b>	STATE <b>CA</b>	ZIP CODE <b>93433</b>	No. of Pages <b>1</b>	

**2. Contribution(s) Made**

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: Withdraw 497 One - Credit Card Debt is not required to be reported on a 497.