

**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable: (Month, Day, Year) <u>November 6, 2018</u>	<input checked="" type="checkbox"/> Amendment (Explain Below) <u>Filed to Run for Office 8.10.18</u> <u>Plan to Raise over \$2,000</u>	Date Stamp City of Grover Beach OCT 01 2018 RECEIVED	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DEBBIE PETERSON

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
GROVER BEACH CA 93433

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL FAX / E-MAIL ADDRESS
805 550 4490 866 467 0612

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MAYOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CITY OF GROVER BEACH

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on September 30, 2018
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form