

**Officeholder and Candidate  
Campaign Statement -  
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
City of Grover Beach  
OCT 04 2018  
RECEIVED

**CALIFORNIA  
FORM 470**  
For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year

**1. 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 / DEBBIEPETERSON805@GMAIL.COM

**2. Office Sought**

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)  
MAYOR

DATE OF ELECTION (MONTH, DAY YEAR)  
11/6/18

**3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

10/3/18 [REDACTED]  
(MONTH DAY, YEAR)

Clear Form. Print Form