

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>CALIFORNIA FORM 460</b>
City of Grover Beach	
OCT 26 2018	Page <u>1</u> of <u>2</u>
RECEIVED	For Official Use Only

Statement covers period  
from 1.1.18  
through 9.22.18

Date of election if applicable:  
(Month, Day, Year)  
11/6/18

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>    | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i>                                    |  |
| <input checked="" type="checkbox"/> Amendment (Explain below)<br><u>CORRECT \$1.00 ADDITION ERROR AT NO.. 16 SUMMARY SHEET</u> |  |

**3. Committee Information**

ID NUMBER  
1411716

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
DEBBIE PETERSON GROVER BEACH MAYOR 2018 MAKING YOUR TAX  
OLLARS GO FURTHER

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>GROVER BEACH</u>	<u>CA</u>	<u>93433</u>	<u>[REDACTED]</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL FAX / E-MAIL ADDRESS

866 467 9612 / DEBBIEPETERSON805@GMAIL.COM

**Treasurer(s)**

NAME OF TREASURER  
DEBBIE PETERSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>GROVER BEACH</u>	<u>CA</u>	<u>93433</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL FAX / E-MAIL ADDRESS

866 467 0612 / DEBBIEPETERSON805@GMAIL.COM

**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 10.25.18  
Date

Executed on 10.25.18  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

[REDACTED]  
Signature of Treasurer or Assistant Treasurer

[REDACTED]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1.1.18</u> through <u>9.22.18</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page <u>2</u> of <u>2</u>
I.D. NUMBER 1411716	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEBBIE PETERSON GROVER BEACH MAYOR 2018 MAKING YOUR TAX DOLLARS GO FURTHER

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1,338.00	\$ _____
2. Loans Received ... Schedule B, Line 3	0	_____
3. SUBTOTAL CASH CONTRIBUTIONS. Add Lines 1 + 2	\$ 1,338.00	\$ _____
4. Nonmonetary Contributions ... Schedule C, Line 3	0	_____
5. TOTAL CONTRIBUTIONS RECEIVED ... Add Lines 3 + 4	\$ 1,338.00	\$ _____

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ 624.38	\$ _____
7. Loans Made... Schedule H, Line 3	0	_____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 624.38	\$ _____
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-480.13	_____
10. Nonmonetary Adjustment ... Schedule C, Line 3	0	_____
11. TOTAL EXPENDITURES MADE. Add Lines 8 + 9 + 10	\$ 144.25	\$ _____

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts ... Column A, Line 3 above	1338.00
14. Miscellaneous Increases to Cash ... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	624.38
16. ENDING CASH BALANCE ... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 713.62

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED... Schedule B, Part 2	\$ _____
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

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)

\*Amounts in this section may be different from amounts reported in Column B.