Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 2018

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: DEBBIE PETERSON
   STREET ADDRESS:
   CITY: GROVER BEACH
   STATE: CA
   ZIP CODE: 93433
   AREA CODE/DAYTIME PHONE NUMBER: 805 550 4490
   OPTIONAL FAX/E-MAIL ADDRESS: 866 467 0612

3. Office Sought or Held
   OFFICE SOUGHT OR HELD: MAYOR
   JURISDICTION (LOCATION): CITY OF GROVER BEACH
   DISTRICT NUMBER (IF APPLICABLE):

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.

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<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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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 ______

   By _______________________________________
   SIGNATURE OF OFFICEHOLDER OR CANDIDATE