Officeholder and Candidate Campaign Statement - Form 470 Supplement

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

CITY          STATE          ZIP CODE
GROVER BEACH  CA            93433

AREACODE/DAYTIME PHONE NUMBER
805 550 4490

OPTIONAL FAX / E-MAIL ADDRESS
866 467 0612 / DEBBIEPETERSON805@GMAIL.COM

2. Office Sought

OFFICE SOUGHT
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
(MONTH, DAY, YEAR)