Recipent Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   ☑ Officeholder, Candidate Controlled Committee
   ☑ State Candidate Election Committee
   ☑ Recall (See Complete Part 1)
   ☑ General Purpose Committee
   ☑ Sponsored
   ☑ Small Contributor Committee
   ☑ Political Party/Central Committee
   ☑ Primarily Formed Ballot Measure Committee
   ☑ Controlled
   ☑ Sponsored (See Complete Part 1)
   ☑ Primarily Formed Candidate/Officeholder Committee
   (See Complete Part 7)

2. Type of Statement:
   ☑ Preelection Statement
   ☑ Semi-annual Statement
   ☑ Special Odd-Year Report
   ☑ Amendment (Explain below)

3. Committee Information
   I.D. NUMBER: 1411716

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

   STREET ADDRESS (NO P.O. BOX)
   GROVER BEACH, CA 93433

   Mailing Address (of different) No. and street or P.O. Box
   GROVER BEACH, CA 93433

   Optional: FAX / E-MAIL ADDRESS
   858-467-0612 / 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 October 23, 2018
   Executed on October 23, 2018
   Executed on Date
   Executed on Date
   Executed on Date

   Signed: Officeholder, Candidate, State Measure Proponent or Responsible Official of Sponsor
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
DEBBIE PETERSON

OFFICE Sought OR HELD (INCLude LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: MAYOR, CITY OF GROVER BEACH; HELD: COUNCIL MEMBER CITY OF GROVER BEACH

RESIDENTIAL BUSINESS ADDRESS (NO, AND STREET) CITY STATE ZIP
GROVER BEACH CA 93433

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

NAME OF TREASURER

CONTROLLED COMMITTEE? □ YES □ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSANT

OFFICE Sought OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE Sought OR HELD

□ SUPPORT □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE Sought OR HELD

□ SUPPORT □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE Sought OR HELD

□ SUPPORT □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE Sought OR HELD

□ SUPPORT □ OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advices@fppc.ca.gov (855/775-3772)
www.fppc.ca.gov
## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$4,800.00</td>
<td>$6,138.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$4,800.00</td>
<td>$6,138.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$4,800.00</td>
<td>$6,138.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$3,961.58</td>
<td>$4,585.96</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$3,961.58</td>
<td>$4,585.96</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$480.13</td>
<td>0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$3,481.45</td>
<td>$4,585.96</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$713.82</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>4,800.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>0</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$3,961.58</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$1,552.04</td>
</tr>
</tbody>
</table>

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

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. LOAN GUARANTEES RECEIVED</td>
<td>0</td>
</tr>
</tbody>
</table>

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 0 (if any).

## Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td>0</td>
</tr>
</tbody>
</table>

*Amounts in this section may differ from amounts reported in Column B.
### Schedule A Summary

1. Amount received this period -- itemized monetary contributions.
   
   (Include all Schedule A subtotals.) .......................................................... $4,750.00

2. Amount received this period -- unitemized monetary contributions of less than $100 ........... $50.00

3. Total monetary contributions received this period.
   
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................. TOTAL $4,800.00
## Schedule A (Continuation Sheet)
### Monetary Contributions Received

_Amounts may be rounded to whole dollars._

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, M natural_text_1016}
|---------------|----------------------------------------------------------------------------------|
| 10/8/2018     | **PAUL BISCHOFF**
|               | GROVER BEACH, CA 93433
|               | **IND**
|               | SELF-EMPLOYED BISCHOFF PROPERTIES
|               | $200.00
|               | $200.00
| 9/24/2018     | **JORDAN & ASSOCIATES INVESTMENTS**
|               | 54 SARATOGA AVE
|               | GROVER BEACH, CA 93433
|               | **IND**
|               | $500.00
|               | $500.00
| 10/3/2018     | **CENTURY PROPERTIES**
|               | 10798 BOBCAT LANE
|               | ARROYO GRANDE, CA 93420
|               | **IND**
|               | PETER KEITH
|               | SELF-EMPLOYED CENTURY PROPERTIES
|               | $1,000.00
|               | $3,000.00
| 10/3/2018     | **PETER KEITH**
|               | ARROYO GRANDE, CA 93420
|               | **IND**
|               | SELF EMPLOYED CENTURY PROPERTIES
|               | $2,000.00
|               | $3,000.00
| 10/17/2018    | **LOUISE VETTER**
|               | AHWAHNEE, CA 93501
|               | **IND**
|               | NONE
|               | $100.00
|               | $100.00

**SUBTOTAL**: $3,800.00

---

*Contributor Codes:

- **IND** — Individual
- **COM** — Recipient Committee (other than PTY or SCC)
- **OTH** — Other (e.g., business entity)
- **PTY** — Political Party
- **SCC** — Small Contributor Committee

---

_FPPC Form 460 (Jan/2016)_

_FPPC Advice: advice@fppc.ca.gov (866/275-3772) _

_website: fppc.ca.gov_
<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name</th>
<th>Code</th>
<th>Occupation and Employer</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date (Jan 1 - Dec 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/17/2018</td>
<td>DENNIS T. ALLAN</td>
<td>✔</td>
<td>SELF-EMPLOYED</td>
<td>$250.00</td>
<td>$250.00</td>
</tr>
<tr>
<td></td>
<td>ARROYO GRANDE, CA 93420</td>
<td></td>
<td>DENNIS ALLAN REAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ESTATE INVESTMENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/14/2018</td>
<td>CYNTHIA GLENN</td>
<td>✔</td>
<td>NONE</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
<tr>
<td></td>
<td>GROVER BEACH, CA 93433</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal:** $350.00

*Contributor Codes*

IND - Individual

COM - Recipient Committee

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee
### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 3,911.58
2. Unitemized payments made this period of under $100 .............................................................................. $ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .................. $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .................................................. TOTAL $ 3,961.58

---

**Schedule E Payments Made**

Amounts may be rounded to whole dollars.

**Statement covers period**

from September 23, 2018 through October 20, 2018

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

**NAME OF FILER**

LD. NUMBER

1411716

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND Independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone bank
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio, airline and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TFL LTV or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/expense travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (Internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA VOTER GUIDE</td>
<td>LIT</td>
<td></td>
<td>$188.00</td>
</tr>
<tr>
<td>22410 HAWTHORNE BLVD, SUITE 5, SUITE B TORRANCE, CA 90501</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALIFORNIA VOTER GUIDE</td>
<td>LIT</td>
<td></td>
<td>$156.00</td>
</tr>
<tr>
<td>22410 HAWTHORNE BLVD, SUITE 5, SUITE B TORRANCE, CA 90501</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLOCO DATA &amp; PRINTING</td>
<td>CMP</td>
<td></td>
<td>$999.75</td>
</tr>
<tr>
<td>1835 W GRAND AVE GROVER BEACH, CA 93433</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA VOTER GUIDE</td>
<td>LIT</td>
<td></td>
<td>$188.00</td>
</tr>
<tr>
<td>22410 HAWTHORNE BLVD, SUITE 5, SUITE B TORRANCE, CA 90501</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALIFORNIA VOTER GUIDE</td>
<td>LIT</td>
<td></td>
<td>$156.00</td>
</tr>
<tr>
<td>22410 HAWTHORNE BLVD, SUITE 5, SUITE B TORRANCE, CA 90501</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLOCO DATA &amp; PRINTING</td>
<td>CMP</td>
<td></td>
<td>$999.75</td>
</tr>
<tr>
<td>1835 W GRAND AVE GROVER BEACH, CA 93433</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 1,313.75
### Schedule E (Continuation Sheet)
#### Payments Made

**NAME OF FEER**

DEBBIE PETERSON MAYOR 2018 MAKING YOUR TAX DOLLARS GO FURTHER

**NAME OF PAYEE**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>
| SESLOC FEDERAL CREDIT UNION VISA CARD  
3655 BROAD ST  
SAN LUIS OBISPO, CA 93401 | CREDIT CARD | PAYMENT OF ACCRUED LIT EXPENSE | $ 480.13 |
| SLOCO DATA & PRINTING  
1635 W GRAND AVE  
GROVER BEACH, CA 93433 | LIT | | $2,117.70 |

**Subtotal** $ 2,597.83

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*

---

**NOTES:**
- Amounts may be rounded to whole dollars.
- Statement covers period from September 23, 2018, through October 20, 2018.
- I.D. NUMBER: 1411716.

---

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidate filing/ballot fees
- FND: fundraising events
- IND: independent expenditure supporting/opposing others (explain)*
- LEG: legal defense
- LIT: campaign literature and mailings
- MBR: member communications
- MTO: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: tv or cable airtime and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/sponsor
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)
Schedule F
Accrued Expenses (Unpaid Bills)

Amoutns may be rounded to whole dollars.

Statement covers period from September 23, 2018 through October 20, 2018
Page 9 of 10

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

I.D. NUMBER
1411716

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTS contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MRR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/spinor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESLOC FEDERAL CREDIT UNION VISA CARD 3855 BROAD ST SAN LUIS OBISPO, CA 93401</td>
<td>CREDIT CARD REPAID FOR ACCRUED LIT EXPENSE</td>
<td>$480.13</td>
<td>0</td>
<td>$480.13</td>
<td>0.00</td>
</tr>
</tbody>
</table>

* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

SUBTOTALS $ 480.13 $ 0 $ 480.13 $ 0.00

Schedule F Summary
1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) INCURRED TOTALS $ 0

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) PAID TOTALS $ 480.13

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET $ -480.13

May be a negative number

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (858/275-3772)
www.fppc.ca.gov
Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period from September 23, 2018 through October 20, 2018

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

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SLOCO DATA & PRINTING

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIT</td>
<td>CAMPAIGN LITERATURE POSTAGE</td>
</tr>
<tr>
<td></td>
<td>POSTAGE FOR CAMPAIGN LITERATURE - PAID BY SLOCO DATA &amp; PRINTING TO US POSTAL SERVICE</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF PAYEE OR CREDITOR OF COMMITTEE, ALSO ENTER I.D. NUMBER

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR OF COMMITTEE, ALSO ENTER I.D. NUMBER</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLOCO DATA &amp; PRINTING 1635 W GRAND AVE GROVER BEACH, CA 93433</td>
<td>LIT</td>
<td>CAMPAIGN LITERATURE POSTAGE</td>
<td>$ 900.00</td>
</tr>
<tr>
<td>U.S. POSTAL SERVICE 475 L’ENFANT PLAZA SW WASHINGTON DC 20260-0004</td>
<td></td>
<td>POSTAGE FOR CAMPAIGN LITERATURE - PAID BY SLOCO DATA &amp; PRINTING TO US POSTAL SERVICE</td>
<td>$1,217.70</td>
</tr>
</tbody>
</table>

TOTAL* $ 2,117.70

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@fppc.ca.gov (855)275-3772
www.fppc.ca.gov