## Recipient Committee
Campaign Statement
Cover Page

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 9/23/18</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>through 10/20/18</td>
<td>11/6/18</td>
</tr>
</tbody>
</table>

### 1. Type of Recipient Committee:
- [ ] Officeholder, Candidate Controlled Committee
  - (Also Complete Part 5)
  - State Candidate Election Committee
- [ ] Recall
- [ ] General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
- [ ] Controlled
- [ ] Sponsored
  - (Also Complete Part 5)
- [ ] Primarily Formed Candidate/Officeholder Committee
  - (Also Complete Part 7)

### 2. Type of Statement:
- [x] Amendment (Explain below)
- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  - (Also file a Form 410 Termination)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

### 3. Committee Information

| ID NUMBER | 1411716 |

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

STREET ADDRESS (NO P.O. BOX):
GROVER BEACH

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROVER BEACH</td>
<td>CA</td>
<td>93433</td>
</tr>
</tbody>
</table>

MAILING ADDRESS:

<table>
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<td>93433</td>
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</table>

NAME OF TREASURER:
DEBBIE PETERSON

MAILING ADDRESS:

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### 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

**Signature of Treasurer or Assistant Treasurer**

**Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor**

By

**Signature of Controlling Officeholder Candidate State Measure Proponent**

By
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 9.23.18 through 10.20.18

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

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/2/2018</td>
<td>SHARON BIDDLE</td>
<td>☑ IND</td>
<td>SELF-EMPLOYED WRITE IT RIGHT</td>
<td>200.00</td>
<td>200.00</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 

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

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................. TOTAL $ 

*Contributor Codes
IND = Individual
COM = Recipient Committee
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)
www.fppc.ca.gov