Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Not yet qualified or
☐ Date qualification threshold met
☑ Amendment
Date qualification threshold met
10 / 03 / 2018
☐ Termination – See Part
Date of termination
☐ / / 

1. Committee Information
1. I.D. Number
☐ (if applicable)
1411716

NAME OF COMMITTEE
DEBBIE PETERSON GROVER BEACH MAYOR 2018 MAKING YOUR MONEY GO FURTHER

STREET ADDRESS (NO P.O. BOX)

CITY
GROVER BEACH
STATE
CA
ZIP CODE
93433

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
DEBBIEPETERSON805@GMAIL.COM

COUNTY OF DOMICILE
SAN LUIS OBISPO
JURISDICTION WHERE COMMITTEE IS ACTIVE
CITY OF GROVER BEACH

2. Treasurer and Other Principal Officers

NAME OF TREASURER
DEBBIE PETERSON

STREET ADDRESS (NO P.O. BOX)

CITY
GROVER BEACH
STATE
CA
ZIP CODE
93433

3. Verification
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 10/4/2018
By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/4/2018
By [Signature]
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By [Signature]
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By [Signature]
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By [Signature]
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
DEBBIE PETERSON GROVER BEACH MAYOR 2018 MAKING YOUR MONEY GO FURTHER

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank, NA</td>
<td>805 481 3459</td>
<td>7915041730</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1580 WGrand Ave</td>
<td>Grover Beach</td>
<td>CA</td>
<td>93433</td>
</tr>
</tbody>
</table>

4. Type of Committee  Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEBBIE PETERSON</td>
<td>MAYOR</td>
<td>2018</td>
<td><img src="check" alt="Nonpartisan" /> Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER’S NAME</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY AS APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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4. Type of Committee (continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- [ ] CITY Committee
- [ ] COUNTY Committee
- [ ] STATE Committee

*Provide brief description of activity*

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**Sponsored Committee** List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

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**Small Contributor Committee**

- [ ] Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

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- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.