Statement of Organization
Recipient Committee

1. Committee Information
   NAME OF COMMITTEE
   DEBBIE PETERSON GROVER BEACH MAYOR 2018 MAKING YOUR TAX DOLLARS GO FURTHER
   STREET ADDRESS (NO PO BOX)
   CITY
   GROVER BEACH
   STATE
   CA
   ZIP CODE
   93433
   FULL MAILING ADDRESS (IF DIFFERENT)
   E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
   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 PO BOX)
   CITY
   GROVER BEACH
   STATE
   CA
   ZIP CODE
   93433
   NAME OF ASSISTANT TREASURER, IF ANY
   STREET ADDRESS (NO PO BOX)
   CITY
   STATE
   ZIP CODE
   NAME OF PRINCIPAL OFFICER(S)
   STREET ADDRESS (NO PO BOX)
   CITY
   STATE
   ZIP CODE

Attach additional information on appropriately labeled continuation sheets.

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 12/15/19 By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/15/19 By [Signature]
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPORENT

Executed on [Date] By [Signature]
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPORENT

Executed on [Date] By [Signature]
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPORENT

City of Grover Beach

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 TAX DOLLARS GO FURTHER

**ID NUMBER**
1411716

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

## NAME OF FINANCIAL INSTITUTION
WELLS FARGO BANK, N.A.

<table>
<thead>
<tr>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>805 481 3459</td>
<td></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 W GRAND AVENUE</td>
<td>GROVER BEACH</td>
<td>CA</td>
<td>93433</td>
</tr>
</tbody>
</table>

## 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>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>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
Type of Committee

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

Sponsored Committee
List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS
NO. AND STREET
CITY
STATE
ZIP CODE
AREA CODE/PHONE

Small Contributor Committee

Date qualified

Termination Requirements

- 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.

- 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.