Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 1/1/19
through 12/15/19

Date of election if applicable:
(Month, Day, Year)
11/6/18

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
    (Also Complete Part 6)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)

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

3. Committee Information

ID NUMBER 1411716

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
DEBBIE PETERSON MAYOR 2018 MAKING YOUR TAX DOLLARS G

STREET ADDRESS (NO PO BOX)

CITY GROVER BEACH
STATE CA
ZIP CODE 93433

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX

CITY GROVER BEACH
STATE CA
ZIP CODE 93433

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF TREASURER
DEBBIE PETERSON

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

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 12/15/19
Date

By
Signature of Treasurer or Assistant Treasurer

Executed on 12/15/19
Date

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

Executed on
Date

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on
Date

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
DEBBIE PETERSON
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR, 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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? YES NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY STATE ZIP CODE AREA CODE/PHONE</td>
<td></td>
</tr>
</tbody>
</table>

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 PROponent |
| OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY |
| SUPPORT | OPPOSE |

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 |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

Attach continuation sheets if necessary
# Campaign Disclosure Statement Summary Page

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

**Statement covers period**
from 1/1/19 through 12/15/19

**SUMMARY PAGE**

## Contributions Received

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>Monetary Contributions</td>
<td>$0</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
</tr>
</tbody>
</table>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) | Total to Date

## Current Cash Statement

12. Beginning Cash Balance | Previous Summary Page, Line 16 | $1001.02 | 0
13. Cash Receipts | Column A, Line 3 above | $0 |
14. Miscellaneous Increases to Cash | Schedule I, Line 4 | $0 |
15. Cash Payments | Column A, Line 8 above | $1001.02 |
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 $0 |

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse $0 |
19. Outstanding Debts Add Line 2 + Line 9 in Column B above $0 |

*Amounts in this section may be different from amounts reported in Column B.