

40
**Statement of Organization
 Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: List I.D. number:
 # _____ # 1390469
 _____ / _____ / _____ 12 / 23 / 2016
 Date qualified as committee Date qualified as committee Date of Termination
 (if applicable)

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

DEC 27 2016

CALIFORNIA FORM 410
 For Official Use Only
 City of Grover Beach
 FEB 2 - 2017
 RECEIVED

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Debbie Peterson Grover Beach City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Grover Beach CA 93433 _____

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
 (866)467-0612 / PetersonTeam@charter.net

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 San Luis Obispo Grover Beach

NAME OF TREASURER
 Lisa Murphy

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Grover Beach CA 93433 _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 December 23, 2016 By _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on December 23, 2016 By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
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(if applicable)

Termination - See Part 5
List I.D. number:

1390469

12 / 23 / 2016
Date of Termination

Date Stamp	CALIFORNIA FORM 410
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1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Debbie Peterson Grover Beach City Council 2016

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
Grover Beach CA 93433 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
(866)467-0612 / PetersonTeam@charter.net

COUNTY OF DOMICILE San Luis Obispo	JURISDICTION WHERE COMMITTEE IS ACTIVE Grover Beach
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NAME OF TREASURER
Lisa Murphy

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY Grover Beach	STATE CA	ZIP CODE 93433	AREA CODE/PHONE [REDACTED]
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Executed on December 23, 2016 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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