

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

Date of election if applicable:  
(Month, Day, Year)

11-03-20

**Amendment** (Explain Below)

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\_\_\_\_\_

Date Stamp	<b>CALIFORNIA FORM 470</b>
<b>RECEIVED</b>	For Official Use Only
FEB 01 2021	
AMADOR COUNTY ELECTIONS	

1. Statement Covers Calendar Year 20 20 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Robin D. Peters

STREET ADDRESS

\_\_\_\_\_

CITY STATE ZIP CODE

Sutter Creek CA 95685

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

209-304-1320 rpeters010@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

City of Sutter Creek

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08-01-20 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE