

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

Date of election if applicable:
(Month, Day, Year)
11/5/24

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470
For Official Use Only
SEP 26 2024
City of Fort Bragg
City Clerk

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Lindy Peters
STREET ADDRESS
[REDACTED]
CITY STATE ZIP CODE
Fort Bragg CA. 95437
AREA CODE/DAYTIME PHONE NUMBER [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS
lpeters2+fortbragg.com

OFFICE SOUGHT OR HELD
City Council
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Fort Bragg, CA.

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
<u>Lindy Peters Campaign</u>	<u>411 Park St. Fort Bragg, CA. 95437</u>	<u>Lindy Peters</u>

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 September 26, 2024
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE