Candidate intention Statement		Pate Stamp	CALIFORNIA 501
Check One: ☑ Initial ☐ Amendmen ————————————————————————————————————	t (Explain)	JAN 0 5 2022	For Official Use Only
1. Candidate Information:		Constitution and the constitution of the const	abilitans on messes if
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EN	1AIL (optional)
Peterson, Krista K	(, , ,	ris-tap@hotmail.com
S ^T REET ADDRESS	CITY		CODE
	Red Bluff		5080
	NCY NAME	DISTRICT NUMBER, if applicable.	NON-PARTISAN OFFICE
	unty of Tehama	P.A.	ARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2.)			(Check one box, if applicable.)
		2022	PRIMARY / GENERAL
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	─ SPECIAL / RUNOFF
 ☐ I accept the voluntary expenditure ceiling ☐ I do not accept the voluntary expenditure Amendment: ☐ I did not exceed the expenditure ceiling for the general or special run 	ceiling for the election stated above.	d on// and I ad	cept the voluntary expenditure
(Mark if applicable)	***	· ·	
On,I contributed persor	nal funds in excess of the expenditure ce	eiling for the election stated abo	ve.
3. Verification:			
I certify under penalty of perjury under the la	ws of the State of California that the fore	egoing is true and correct.	
Executed on 01 05 2022 (mo.nth, day, year)	Signature (Candidate)		FDDG T G G G G G G G G G G

				Date Stamp	CALIFORNIA 470
	Officeholder or Candidate Info NAME OF OFFICEHOLDER OR CANDIDATE STDEET ADDRESS C AREA CODE/DAYTIME PHONE NUMBER Committee Information List all committees of which you have	Date of election if applicable: (Month, Day, Year) June 7, 2022	Amendment (Explain Below)	MAR 0 4 2022 U	FORM 47 U For Official Use Only
1.	Statement Covers Calendar Year 2	0 22.	Andreas and the self-time and the second	I TO Elections	MANIERI (MANIERI PANIERI MENDENINAN MENDENINAN AMERIKAN MENIERI MENTENINAN MENTENINAN MENTENINAN MENTENINAN ME
2.	Officeholder or Candidate Informa	ation	3. Office Sough		akteaja, is sigan denni karaktan kanantan unmatai sinnaatakannak simboli silik an garingkana keesunaandan aymata (au
	Krista Peter	~50N	JURISDICTION (_OCAT	liter - Controller	DISTRICT NUMBER (IF APPLICABLE)
	Ked Bluff AREA CODE/DAYTIME PHONE NUMBER	CA 94 OPTIONAL: FAX/E-MAL- Kr15-tap	080		nemos Consuled national pages for recognitive seasoning local activation between consultance and location
4.	Committee information List all committees of which you have kno	wledge that are primarily forr	med to receive contributions or to ma	ike expenditures on behalf of you	ur candidacy.
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME	OF TREASURER
			· · · · · · · · · · · · · · · · · · ·		
			; ;		
5.	Verification I declare under penalty of perjury that to the be used all reasonable diligence in preparing this Executed on Clear Form Print Form			at I will spend less than \$2,000 durin	g the calendar vear and that I have

Statement of C				Date S	tamn	-0-0-0	
Recipient Con	ımittee				STATE OF THE PROPERTY OF THE P		FORNIA 110
Statement Type	Z Initial	II Amendment			le sal	M FC	ORM 410
	Not yet qualified	Ti viigiidiigik	Termination – See Part 5				For Official Use Only
	or			III MAR 2	9 2022	W	
	O Date qualification threshold met	Date qualification threshold met	Date of termination	9300		4	
	03 , 23 , 2022	NULTRALIDATE CONTROL OF CHICAGO	,	LTCEE	ctions		
1. Committee	Information I.D. Number				000000000000000000000000000000000000000	(managed)	
NAME OF COMMITTEE	(if applicable)		2. Treasurer and	Other Princip)al Officer	S	
	ect Krista Peterson Auditor 2022		NAME OF TREASURER				And the second s
	and retained a discriping a residential with E		Krista Peterson				
TETRIAND COMMISSION			STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O.		AND ADDRESS OF THE STATE OF THE					
STREET ADDRESS (NO F.U.	BOA)			See Section of a constant page	STATE	ZIP CODE	AREA CODE/PHONE
CITY	STATE ZIP C	TER	Red Bluff		CA	96080	
Red Bluff	CA 960	The state of the s	NAME OF ASSISTANT TREASURER	R, IF ANY		And Control of the Co	
FULL MAILING ADDRESS (I		VVV	STREET ADDRESS (NO P.O. BOX)		kanan parakan maka menangan parakan men		
			SHEEL WASHESD (MO.L.D. BYW)				Arthur
E-MAIL ADDRESS (REQUIR	•	e en	CITY		STATE	ZIP CODE	AREA CODE/PHONE
kris-tap@hotmai	Section Control Contro						110011000000000000000000000000000000000
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		eren de Carinda de Mariero es puedo do reguero de parte de la comoción de la como	64 men egiptus alakin egiptus alakin	
Tehama	Tehama County						OTTENATION OF THE PROPERTY OF
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. — Ашасп ааанаопаі -	information on appropriately la	beled continuation sheets.	To 11 1		state CA	ZIP CODE	AREA CODE/PHONE
3. Verification					CA		
penalty of periur	asonable diligence in preparin <mark>g t</mark> y under the laws of the State (NIS Statement and to the hesi	of my knowledge the informat	tion contained h	ereln Is true	and comple	te. I certify under
Executed on	3/23/22 By						
rvacated ou	DATE DATE	s SIG	NATURE OF TREASURER OR ASSISTANT TREASUR	en de la companya de		armide recognistivas activações	
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Executed on	DATE By		STATE N	VIEMOURE PRUPONENT			
	DATE	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE M	MEASURE PROPONENT		material description of the second second	

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization						AND IT	ORNIA	0.00000
Recipient Committee Instructions on reverse						A CONTRACTOR OF THE PROPERTY O	RM 4	.10
COMMITTEE NAME	······································	en belan stem overtitet i suite dur ennem en opsische stem benefit gen voorgen op op op de belande en en en si				Page 2		
Committee to Elect Krista Peterson for Auditor 2022						I.D. NUMBER	erfeloù Esmilio attai meu Bijliga - par in atta a rig	ektronikakan melebebai ine sespera
	Shall Mar New York Coloredad	National Charles the content of the	CONTROL CONTRO	s Additionals standarder the No. 1944		hallo da compraence, monto tro	/Aerwayaniaan kuntaeryanta inayan suu	
 All committees must list the financial institution where the cam 	paign ba	nk account is located.						
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCOL	INT NUMBER	Direction control de la		in application of the control of the	· COMMON COMPANY OF THE PARTY O
Banner Bank	(530	527-7610						
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950 Main Street	Red	Bluff	CA	1	96080			1000000
4. Type of Committee Complete the applicable sections	e by Ny York I de Aud	As a real of the property of the state of th	enterior de la companya	Mary Charles of the	The state of the s	· · · · · · · · · · · · · · · · · · ·	NAMES OF STREET	
Controlled Committee					A TOP TO SERVICE STATES			
 List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if a 	measure any, and	proponent. If candidate or offi the year of the election.	ceholder	controlled	,			
 List the political party with which each officeholder or candidate I 	s affillate	d ar check "nonpartisan." Statir	ig "No pa	irty prefere	nce" is accep	otable		
 If this committee acts jointly with another controlled committee, 								
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PART CHECK (
Krista Peterson	Tehama	Auditor-Controller		2022	Nonpartisan	Partisan	(list political par	ty below)
		taliku kasan katalah katalah jihat Lumu dikupika satu salah katalah satu satu katalah satu satu satu satu satu	******************************					
					Nonpartisan	Partisan	(list political par	ty below)
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Primarily Formed Committee Primarily formed to support or oppositions of the Primarily Formed Primarily Form	ose spec	ific candidates or measures in a	single ele	ection. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME,	R)	CANDIDATE(S) OFFICE SOI	JGHT OR HE	LD OR MEASU	RE(S) JURISDICTIO	014		
ATTOCK OF THE STILLING STATE OF THE STATE	andreas the contract of the co	(INCLUDE DISTRICT	NO., CITY O	R COUNTY, AS	APPLICABLE)		CHECK	pergrammas management of
							SUPPORT	OPPOSE

Statement of Organization

FPPC Form 410 (August/2018)
FPPC Advice: advice@ippc.ca.gov (866/275-3772)
www.fppc.ca.gov

OPPUSE

Statement of Organization **CALIFORNIA** Recipient Committee **FORM** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME LD. NUMBER 4. Type of Committee (Continued) 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 STATE 21P CODE AREA CODE/PHONE Small Contributor Committee Date qualified 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met: 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.

in and the second secon	el inadvist	tentles put 31	23/22 on mg ince			
Statement of 0	Organization Pupuwnk. Landrust March 31, 20	lactually 9	realified on	Date Stamp	CALIFO	DRNIA 446
Recipient Con	mittee March 31, 20	22- Per instit	n additional and	ndment	EQ:	
Statement Type	□ Initial Dending Am	endment I	Termination – See Part 5	Secretary of S	ale F	or Official Use Only
	O Not yet qualified			of the State of California		
	or ✓ Date qualification threshold met Date qualification thresh	diffication threshold met	Date of termination	MAY 02 2022		
		imeation the short met	Date of termination	MMI OF FOEL	: '	
	3 / 31 / 2022	_//	//			
1. Committee	e Information I.D. Number 1446	908	2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE	mental control and the control of th		NAME OF TREASURER			
Committee to E	lect Krista Peterson Auditor 2022		Krista Peterson			
			STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O	. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Red Bluff	CA	96080	_
5,	STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY		
Red Bluff	CA 96080		***************************************			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
. E-MAIL ADDRESS (REQUIF	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
kris-tap@hotma						
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS A	CTIVE	NAME OF PRINCIPAL OFFICER(S)			
Tehama	Tehama County					
,	<u> </u>		STREET ADDRESS (NO P.O. BOX)			
Attach additiona	ıl information on appropriately labeled co	ntinuation sheets.	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
3. Verificatio						
I have used all re	easonable diligence in preparing this state	ment and to the hest o	of my knowledge the informat	ion contained herein is true	and complete	e. I certify under
penalty of perjui	ry under the laws of the State of					
Executed on	128/2022 By				<u> </u>	
	/ DATE	SIGNA	ATURE OF TREASURER OR ASSISTANT TREASUR	ER		
Executed on	By	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE N	AEASTIDE DRODONENT		
Executed on	Dv	SIGNATURE OF CONTROL	EING OFFICEHOLDER, CANDIDATE, OR STATE R	MEASORE PROPONENT		
Executed Off	DATE BY	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONEN'T		
Executed on	Ву					
	DATE	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		100g

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee

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Se Manager			183 × 8	Contract of	

1	NSTRUCTIONS ON REVERSE					
	NSTRUCTIONS ON REVERSE		Page 2			
	COMMITTEE NAME		I.D. NUMBER			
	Committee to Elect Krista Peterson Auditor 2022					
	All committees must list the financial institution where the can	npaign bank account is located.				

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	_
Banner Bank	530-527-7610		
ADDRESS	CITY	STATE	ZIP CODE
950 Main Street	Red Bluff	CA	96080

4. 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PAR CHECK		
Krista Peterson	Tehama Auditor-Controller	2022	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION

(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT OPPOSE

197 Contribution Report

Amounts may be rounded to whole dollars.

	ct Krista Peterson Audito	or 2022		Date of 04	/15/2022	Date Stamp CALIF	
REA CODE/PHONE N	IUMBER	I.D. NUMBER (if applicable)	Report No. 10	02		Official Use Only
TREET ADDRESS		STATE CA	ZIP CODE 96080	Amendmen to Report No. (explain below) No. of Pages	1	APR 15 2022 TC Elections	
I. Contribution	(s) Received						
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND		UTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
)3/31/2022	LeRoy Anderson Corning Ave, CA 96	021			IND COM OTH PTY SCC	Auditor-Controller Tehama County	\$500 Check if Loan **Provide interest rate**
)4/15/2022	LeRoy Anderson Corning Ave, CA 966	021			IND COM OTH PTY SCC	Auditor-Controller Tehama County	\$500 Check if Loan **Provide Interest rate**
					IND COM OTH PTY SCC		☐ Check if Loan% Provide interest rate
Reason for Amend	ment:					* Contributor Codes IND - Individual COM - Recipient Committee (othe OTH - Other (e.g., business entity PTY - Political Party SCC - Small Contributor Committee	')

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page		America control of the control of th	Date Stamp	CALIFORNIA 460
	Statement covers period from April 24, 2022	Date of election if applicable: (Month, Day, Year)	MAY 25 2022	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through May 21, 2022	June 07, 2022	TO Elections	WATER CONTROL OF THE PROPERTY
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 ✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) ✓ General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t \square S ermination)	uarterly Statement pecial Odd-Year Report
3. Committee Information	I.D. NUMBER 1446908	Treasurer(s)		ar de referencia de la colonia de la colonia de provincia de la colonia
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	Ε)	NAME OF TREASURER		
Committee to Elect Krista Peterson Auditor 2022		Krista Peterson MAILING ADDRESS		
		MAILING ADDICESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIF	P CODE ÁREA CODE/PHONE
		Red Bluff	CA 9	6080
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
R ed Bluff CA 96 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	080 30X	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIF	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
4. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State Executed on Date Date		vknowledge the information contained	herein and in the attached	schedules is true and complete. I
Executed on	BySignature of Cor	ntrolling Officeholder, Candidate. State Measure Pr	oponent or Responsible Officer of Sp	ponsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,		
Executed on	Ву	Signature of Controlling Officeholder Candidate	State Measure Proponent	*

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled C	ommittee			6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Krista Peterson									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUME	BER IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	Пѕ	SUPPORT
Auditor-Controller Tehama County								1	PPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	ET) CITY	STATE	ZIP						
	Red Bluff	CA	96080		Identify the controlling office	holder, candi	date, or state measure	propon	ent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in thi	e Statement:	List ony on	mmittaaa						
not included in this statement that are controlled by	you or are prima				OFFICE SOUGHT OR HELD	***************************************	DISTRIC	T NO. IF	ANY
contributions or make expenditures on behalf of you	r candidacy.								
COMMITTEE NAME	I.D. NUM	IBER					L		
	·								
				7.	Primarily Formed Cand	lidate/Offic	eholder Committe	A listr	names of
NAME OF TREASURER	CONTRO	OLLED COMM	ITTEE?	•	officeholder(s) or candidate(s)	for which this	committee is primarily	formed.	idilics of
	☐ YE	S DNC	0		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	JEID	T
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O. BOX)				NAME OF OFFICEROLDER OR	CANDIDATE	CITICE SOUGHT ON	ILLU	☐ SUPPOR
									☐ OPPOSE
CITY STATE	ZIP CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD	SUPPOR
									OPPOSE
COMMITTEE NAME	I.D. NUM	IBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD	
					WINE OF OFFICEROEDER OR	OMINDIDATIE	011102 0000111 0101		SUPPOR
NAME OF TREASURER	CONTR	OLLED COMM	UTTEE2						OPPOSE
NAME OF IREASURER					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (N	D PO POY)	S NO	<u> </u>						☐ OPPOSE
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CITY STATE	ZIP CODE	ADEAGO	DE/PHONE		•				
							on sheets if necessarv		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Krista Peterson Auditir 2022

Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{2025}{0} \\ \$ \frac{2,025}{0} \\ \$	**Example 1.000	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received S \$
4. Nonmonetary Contributions	\$ 2,025	\$ 7,088	21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$\frac{5,168.04}{0}\$ \$\frac{5,168.04}{0}\$ \[\begin{array}{c} \delta \de	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) /\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$\ \frac{3,876.41}{2,025.00} \\ \text{0} \\ \frac{4,439.45}{1,461.96} \] \$\ \frac{0}{4} \\ \frac{1}{4} \\ \frac	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year,	*Amounts in this section may be different from amounts reported in Column B.
T7. LOAN GUARANTEES RECEIVED	0	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule	Α	•
Monetary	Contributions	Received

\sim	\sim 1	-		ΙF	Λ.

Monetary Contributions Received			whole dollars.	Statement cov	-	CALIFORNIA 460		
SEE INSTRUCT	IONS ON REVERSE			through May 21,	2022	Page	of	
NAME OF FILER Committee t	R to Elect Krista Peterson 2022			-	MANAGE TO THE STATE OF THE STAT	I.D. NU 144690	JMBER 18	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
5/2/2022	Julie Sisneros Red Bluff, CA 96080	IND COM OTH SCC	Retired - Tehama County Admin Services Director	100	100			
5/01/2022	Brant Mesker Corning, CA 96021	☑ IND □ COM □ OTH □ PTY □ SCC	Administrative Analyst - Tehama County	100	100			
5/01/2022	Stephen Kimbrough Corning, CA 96021	☑IND □COM □OTH □PTY □SCC	Retired - City Manager Corning	100	100			
5/04/2022	Janet Zornig Flournoy, CA 96029	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired - Paskenta CSD	100	100			
5/04/2022	John Stover Corning, CA 96021	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired - Tehama County Building Official	100	100			
			SUBTOTAL	\$ 500.00	As a process of a second	A. Test		
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution all Schedule A subtotals.)			, ,,,,	COM	(other		
2. Amount re	eceived this period – unitemized monetary contribut	tions of less thar	n \$100\$ <u>25</u>	.00	PTY	– Politica		
3. Total mon	netary contributions received this period.							

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	ollars.	Statement cov		CALIF FO	FORNIA DRM	460	Charles and the same of the sa
				through May 21, 2	2022	Page _	<i>5</i> of	9	
AME OF FILER						I.D. NU	MBER		1
Committee to	Elect Krista Peterson Auditir 2022					144690)8		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS	CUMULATIVE CALENDAR			ECTION DATE	•

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)				
5/10/2022	Dean Cofer Corning, CA 96021	☑ IND □ COM □ OTH □ PTY □ SCC	Board Member - Corning Cemetery District	100	100					
5/11/2022	Kathleen Dietz Corning, CA 96021	☑IND □COM □OTH □PTY □SCC	None	100	100					
5/12/2022	John Garaventa Red Bluff, CA 96080	☑ IND □ COM □ OTH □ PTY □ SCC	Retired - Superior Court Judge	250	250					
5/14/2022	Diane Casey Red Bluff, CA 96080	☑IND □COM □OTH □PTY □SCC	Deputy Director Social Service Operations - Tehama County	200	200					
5/16/2022	Jean Arnaz Cottonwood, CA 96022	☑IND □COM □OTH □PTY □SCC	Accountant Supervisor - Shasta County	500	575					
	SUBTOTAL \$ 1150									

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SC	Ж	Ε	D	U	L	Ε	Α	(С	0	١	IΤ	.)

Monetary Contributions Received				from April 24, 20	22	FORM 460		
				through May 21,	2022	Page _	6 9	
NAME OF FILER						I.D. NU	MBER	
Committee t	o Elect Krista Peterson Auditor 2022					144690)8	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \(\) (JAN. 1 - DE(/EAR	PER ELECTION TO DATE (IF REQUIRED)	
5/17/2022	Lorrie Brown Red Bluff, CA 96080	☑ IND □ COM □ OTH □ PTY □ SCC	Assistant Treasurer - Tehama Ciunty	100				
5/17/2022	Tom Epperson Red Bluff, CA 96080	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	250				
·		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 350				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Committee to Elect Krista Peterson Auditor 2022 1446908 (a) OUTSTANDING (c) AMOUNT PAID (d) OUTSTANDING (e) INTEREST (f) ORIGINAL IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT CUMULATIVE OCCUPATION AND EMPLOYER BALANCE OR FORGIVEN **BALANCE AT** PAID THIS AMOUNT OF RECEIVED THIS CONTRIBUTIONS OF LENDER BEGINNING THIS (IF SELF-EMPLOYED, ENTER CLOSE OF THIS PERIOD THIS PERIOD * LOAN PERIOD TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) PERIOD PERIOD CALENDAR YEAR PAID Krista Peterson Assistant Auditor -_{\$} 1,000 s 1,000 \$ 1,000 Tehama County RATE ☐ FORGIVEN PER ELECTION** Red Bluff, CA 96080 1,000 0 DATE DUE DATE INCURRED □ COM □ OTH □ PTY □ SCC PAID CALENDAR YEAR ☐ FORGIVEN PER ELECTION** DATE DUE DATE INCURRED ☐ COM ☐ OTH ☐ PTY ☐ SCC CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION** DATE DUE DATE INCURRED [™] IND COM OTH PTY SCC SUBTOTALS \$ 0 \$ \$ 1,000 \$ (Enter (e) on Schedule E, Line 3)

Schedule B Summary (Enter (e) on Schedule E, Line

(May be a negative number)

†Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from April 24, 2022	CALIFORNIA 46			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through May 21, 2022	Page of 9			
Committee to Elect Krista Peterson Auditor 2022						
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. Other	erwise, describe the payment.				
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production of returned contributions SAL, campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and TRS staff/spouse travel, lodging, a transfer between committees VOT voter registration WEB information technology costs	uction costs I meals ind meals of the same candidate/sponso			

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Gentry Media Red Bluff, CA 96080	СМР	Signs, flyers, car magnets, banners, business cards, pocket cards & labels	2,074.96
Gentry Medua Red Bluff, CA 96080	CNS	Consulting Fees	450.00
Gentry Media Rdd Bluff, CA 96080	PRT	Newspaper ads	1,065

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 3,589.96

1. Itemized payments made this peri	iod. (Include all Schedule E subtotals.)	\$	4289.96
•	period of under \$100,		149.49
	pans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period	(Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	TOTAL \$	4,439.45

(Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER		mounts may be rounded to whole dollars.		Statement covers period April 24, 2022 from through _May 21, 2022	SCHEDULE E (CONT.) CALIFORNIA 460 FORM Page 9 of 9 I.D. NUMBER		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants	es the payment, you MBR member com MTG meetings and	munications		rwise, describe the payment. RAD radio airtime and production RFD returned contributions	1446908		
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli	OFC office expenses SAL campaign workers' salaries TEL, tv. or cable airtime and product candidate travel, lodging, and postage, delivery and messenger services PRO professional services (legal, accounting) SAL campaign workers' salaries tv. vo. or cable airtime and product candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees voter registration				d meals and meals s of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID	
Red Bluff Chamber of Commerce Red Bluff, CA 96080		PRT	E-blast of flyer			200.00	
Independence Rock Media Broadcasting Red Bluff, CA 96080		RAD	Radio Advertisen	nent		500.00	
	antiglement vermen gelicklich zu vor Gebeurer were ein ein ein gebiellen.						
40000000000000000000000000000000000000							

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

			MEGETVER			
Statement of C			JUL: 0 8 2022	Date Stamp	CALIFO	RNIA 110
Recipient Com	nmittee		-0LL 111116		FOR	M 410
Statement Type	☐ Initial	☐ Amendment	yTermination – See Part	the office of the Secretary of St	For	Official Use Only
	O Not yet qualified			of the State of California		
	O Date qualification threshold met	Date qualification threshold met	Date of termination	JUL 01 2022		
	/		06 / 27 / 2022			
1. Committee	Information I.D. Number	er ₁₄₄₆₉₀₈	2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE	(if applicable)		NAME OF TREASURER			
Committee to El	ect Krista Peterson Auditor 2022	;	Krista Peterson			
			STREET ADDRESS (NO P.O. BOX)	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS (NO P.O.	BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Red Bluff	CA ·	96080	
CITY	STATE ZIP C		NAME OF ASSISTANT TREASURER,	IF ANY		
Red Bluff	CA 96	080	,			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
			CUTY	STATE	ZIP CODE	AREA CODE/PHONE
E-MAIL ADDRESS (REQUIR	EED) / FAX (OPTIONAL)		CITY	STATE	ZIF CODE	AREA CODE/FITONE
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)	,	<u> </u>	
Tehama	Tehama County					
			STREET ADDRESS (NO P.O. BOX)			
Attach additiona	l information on appropriately la	beled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification	n 🐧					
I have used all re	easonable diligence in preparing	this statement and to the best of	of my knowledge the informat	ion contained herein is true a	and complete.	I certify under
	ry under the laws of the State of					
Executed on06/	27/2022 By		IR	ER		
Executed on	By					
2,0000000000000000000000000000000000000	DATE	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE N	IEASURE PROPONENT		
Executed on	Ву					
	DATE	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE N	IEASURE PROPONENT		
Executed on	DATE By	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE N	1EASURE PROPONENT		

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Officeholder and Candidate Campaign Statement – Short Form						Date Stamp CALIFORNIA 470			
			Date of election if applicable: (Month, Day, Year)		ndment (Explain Below)	AUG 0 1 2023	For Official Use Only		
1.	Statement Covers Calendar Year 20 23								
2.	Officeholder or Candidate Information			3.	Office Sought or H	l eld			
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD				
	Krista Peterson				Auditor-Controller				
	STREET ADDRESS				JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)		
			77.000		Tehama County				
	CITY	STATE	ZIP CODE						
	Red Bluff AREA CODE/DAYTIME PHONE NUMBER	CA	96080 FAX / E-MAIL ADDRESS						
	NACOSEDA FINE FROM DEL	01 1101111							
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			COMMITT	EE ADDRESS		NAME OF TREASURER		
 5.	Verification		<u> </u>						
-	I declare under penalty of perjury that to the best of all reasonable diligence in preparing this statement. Executed on July 31, 2023	I certify under p	anticipate that I will penalty of perjury un	receive less t der the laws o	han Sanda i i i i i i i i i i i i i i i i i i i	40.000	" ' ' ' ' have used		

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov