

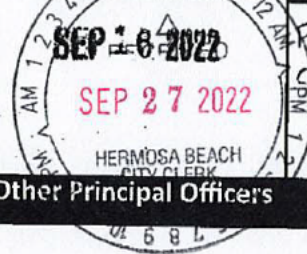
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Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination

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



CALIFORNIA FORM 410

Principal Officer photo confirmed w/ files

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE HB Residents Against Measure M				NAME OF TREASURER Cindy Butler			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY Hermosa Beach				CITY Hermosa Beach	STATE CA	ZIP CODE 90254	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY None			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) safehermosa@gmail.com				STREET ADDRESS (NO P.O. BOX) n/a			
CITY Los Angeles				CITY n/a	STATE	ZIP CODE	AREA CODE/PHONE
JURISDICTION WHERE COMMITTEE IS ACTIVE Hermosa Beach		NAME OF PRINCIPAL OFFICER(S) Carolyn Petty		STREET ADDRESS (NO P.O. BOX) Hermosa Beach CA			
CITY Los Angeles		CITY Hermosa Beach		STATE CA	ZIP CODE 90254	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

Executed on 8/30/2022 By [Signature] ASSISTANT TREASURER

Executed on 8/30/2022 By [Signature] CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME HB Residents Against Measure M	
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Farmers and Merchants	AREA CODE/PHONE	BANK ACCOUNT NUMBER Pending
ADDRESS	CITY	STATE ZIP CODE

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	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

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
Measure M	Hermosa Beach		<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 3
I.D. NUMBER

COMMITTEE NAME

HB Residents Against Measure M

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	CITY	STATE	ZIP 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.