

Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 10 / 08 / 2022	Date of termination



CALIFORNIA FORM 410

For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1454074 <small>(if applicable)</small>				NAME OF TREASURER			
NAME OF COMMITTEE HB Residents Against Measure M				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
CITY Hermosa Beach		STATE CA		ZIP CODE 90254		AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Hermosa Beach		CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)			
				CITY STATE ZIP CODE AREA CODE/PHONE			

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 information provided is true and correct.

Executed on	10-8-22	By	[Redacted]
Executed on	10/8/2022	By	[Redacted]
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT