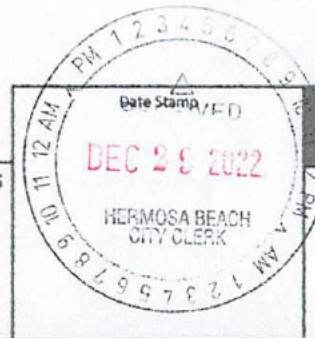


**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
_____ / _____ / _____	_____ / _____ / _____	12 / 7 / 22



CALIFORNIA FORM 410

For Official Use Only

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

Executed on 12/9/22 By [REDACTED] TREASURER

Executed on 12/9/22 By [REDACTED] STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME HB Residents Against Measure M	I.D. NUMBER 1454074
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE 310-937-2104	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1401 Pacific Coast Highway	CITY Hermosa Beach	STATE ZIP CODE CA 90254

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

HB Residents Against Measure M

I.D. NUMBER

1454074

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

10 / 8 / 22

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.