

CITY MEAS

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in the office of the Secretary of State
of the State of California

Hermosa Beach

DEC 27 2022

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 <u>10 / 08 / 2022</u>	Date of termination _____ / _____ / _____

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in the office of the Secretary of State
of the State of California
NOV 15 2022
HERMOSA BEACH
CITY CLERK

CALIFORNIA FORM 410
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JAN 10 PM 3:00
CAMPAIGN FINANCE

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE HB Residents Against Measure M		I.D. Number 1454074 <small>(if applicable)</small>		NAME OF TREASURER			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
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		NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				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 _____
 Executed on 10/8/2022 By _____
 Executed on _____ By _____
 Executed on _____ By _____

[Redacted Signature Area]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
HB Residents Against Measure M

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE 800-238-4486	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1401 Pacific Coast Highway	CITY Hermosa Beach	STATE CA
		ZIP CODE 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	
					(list political party below)
					(list political party below)

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