

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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1. Committee Information				I.D. Number (if applicable)				Applied For				2. Treasurer and Other Principal Officers									
NAME OF COMMITTEE								NAME OF TREASURER													
Hermosa Beach Citizens Against Measure ____ --3/4 Percent Sales Tax Increase								Fred Huebscher													
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)				CITY		STATE		ZIP CODE					
[REDACTED]								[REDACTED]				Hermosa Beach		CA		90254					
CITY								EMAIL ADDRESS OF TREASURER (REQUIRED)				AREA CODE/PHONE									
Hermosa Beach								[REDACTED]				[REDACTED]									
STATE								NAME OF ASSISTANT TREASURER, IF ANY													
CA								[REDACTED]													
ZIP CODE								STREET ADDRESS (NO P.O. BOX)								CITY		STATE		ZIP CODE	
90254								[REDACTED]								Hermosa Beach		CA		90254	
AREA CODE/PHONE								EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)								AREA CODE/PHONE					
310-374-0568								[REDACTED]								[REDACTED]					
FULL MAILING ADDRESS (IF DIFFERENT)								NAME OF PRINCIPAL OFFICER(S)													
[REDACTED]								Fred Huebscher													
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)								STREET ADDRESS (NO P.O. BOX)				CITY		STATE		ZIP CODE					
[REDACTED]								[REDACTED]				Hermosa Beach		CA		90254					
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)													
Los Angeles				City of Hermosa Beach				[REDACTED]													
Attach additional information on appropriately labeled continuation sheets.												[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 02/14/2024 By [REDACTED] Digitally signed by Fred Huebscher Date: 2024.02.14 23:19:41 -08'00'

_____/_____/_____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR 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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Hermosa Beach Citizens Against Measure ___-3/4 Percent Tax Increase	I.D. NUMBER Applied for
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
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ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
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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		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(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	
Hermosa Beach Measure ___-3/4 Percent Tax Increase	City of Hermosa Beach	SUPPORT	OPPOSE ✓
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

Applied For

COMMITTEE NAME

Hermosa Beach Citizens Against Measure ___--3/4 percent tax increase

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, orponent 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.