

**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 / 14 / 2024	Date of termination / /



CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE HERMOSA BEACH CITIZENS AGAINST MEASURE HB 3/4 PERCENT SALES TAX INCREASE		1467148		NAME OF TREASURER Fred Huebscher			
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Norwalk		STATE CA		ZIP CODE 90650	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Hermosa Beach, CA 90254		AREA CODE/PHONE [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]		JURISDICTION WHERE COMMITTEE IS ACTIVE Los Angeles		CITY Norwalk		STATE CA	
COUNTY OF DOMICILE Los Angeles		E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]		NAME OF PRINCIPAL OFFICER(S)	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY [REDACTED]		STATE [REDACTED]	
		E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]		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	10/16/2024	By	[REDACTED]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME HERMOSA BEACH CITIZENS AGAINST MEASURE HB 3/4 PERCENT SALES TAX INCREASE	I.D. NUMBER 1467148
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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 California Bank & Trust [REDACTED]	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Los Angeles	STATE CA
		ZIP CODE 90071

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)
			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	
		SUPPORT	OPPOSE
Sales Tax Increase : HB	Hermosa Beach	SUPPORT	OPPOSE <input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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COMMITTEE NAME
HERMOSA BEACH CITIZENS AGAINST MEASURE HB 3/4 PERCENT SALES TAX INCREASE

I.D. NUMBER
1467148

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.







CA410

Final Audit Report

2024-10-16

Created:	2024-10-16
By:	Ingrid Orellana (iorellana@gouldorellana.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAI8KI5wwYTP4UuWRkAPKWHRk0tvvgtu8Z

"CA410" History

-  Document created by Ingrid Orellana (iorellana@gouldorellana.com)
2024-10-16 - 9:07:16 PM GMT
-  Document emailed to dl Gould (dlgould@gouldorellana.com) for signature
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-  Signer dl Gould (dlgould@gouldorellana.com) entered name at signing as David L Gould
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-  Document e-signed by David L Gould (dlgould@gouldorellana.com)
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Ingrid Orellana

From: Digital Filing <digitalfiling@sos.ca.gov>
Sent: Wednesday, October 16, 2024 2:21 PM
To: Ingrid Orellana
Subject: CA SOS, Political Reform Division has received your filing.

Your digital submission: CA410 - HERMOSA BEACH CITIZENS AGAINST MEASURE HB PERCENT SALES TAX INCREASE AMENDMENT.pdf, has been received by the California Secretary of State's Political Reform Division (PRD).

All statements must be signed using a secure electronic signature, which may be effectuated with a verified digital signature consistent with FPPC Regulation 18104(b) (2). To comply with this requirement, reference [FPPC guidance](#).

Filings received with a scanned copy of a signature or without a secure electronic signature will not be processed.

Guidelines for submitting valid digital files and answers to Frequently Asked Questions can be found on our website: <https://www.sos.ca.gov/campaign-lobbying>.

****IMPORTANT:** Receipt of this filing does not remove the online filing requirement pursuant to GC 84605 (Political Reform Act) to file electronically with the Secretary of State. If you are required to file electronically or online, emailing your filing does not fulfill your obligation. Additionally, this email address is not monitored. If you have any questions, please visit our website linked above. Do not reply to this message.