

COPY

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASURE O,
SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT

AREA CODE/PHONE NUMBER (213) 624-6200
I.D. NUMBER (if applicable) 1373869

STREET ADDRESS
205 PIER AVENUE, SUITE 102

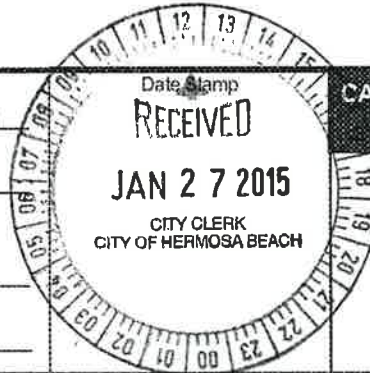
CITY HERMOSA BEACH **STATE** CA **ZIP CODE** 90254

Date of This Filing 01/27/2015

Report No. 01272015

Amendment to Report No. _____
(explain below)

No. of Pages 1



CALIFORNIA FORM 497

For Official Use Only

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/25/2015	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254 NONMONETARY: SALARY	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		7,669.78 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

From: ✓ scan
 01/27/2015 12:29 #354 P.001/001

COPY

Type or print in ink.
Amounts may be rounded to whole dollars.

✓ scan Form:

497 Contribution Report

497 CONTRIBUTION REPORT

NAME OF FILER
HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASURE O,
SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1373869

STREET ADDRESS
205 PIER AVENUE, SUITE 102

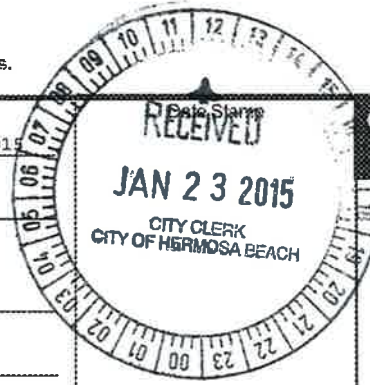
CITY HERMOSA BEACH **STATE** CA **ZIP CODE** 90254

Date of This Filing 01/23/2015

Report No. 01232015

Amendment to Report No. _____
(explain below)

No. of Pages 1



CALIFORNIA FORM 497

For Official Use Only

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/22/2015	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

COPY

497 CONTRIBUTION REPORT

✓
scan
FROM:

NAME OF FILER
HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASURE O,
SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1373869

STREET ADDRESS
205 PIER AVENUE, SUITE 102

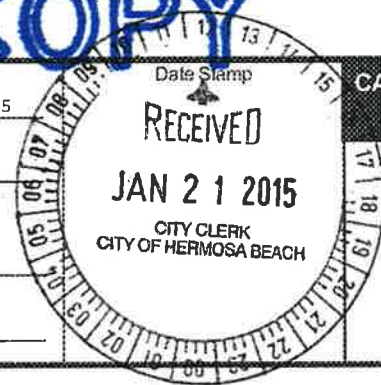
CITY HERMOSA BEACH **STATE** CA **ZIP CODE** 90254

Date of This Filing 01/21/2015

Report No. 01212015

Amendment to Report No. _____
(explain below)

No. of Pages 1



CALIFORNIA FORM 497

For Official Use Only

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/20/2015	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		281,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

497 Contribution Report

COPY

Type or print in ink.
Amounts may be rounded to whole dollars.

✓ scan

NAME OF FILER
HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASUREMENT, SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1373869

STREET ADDRESS
205 PIER AVENUE, SUITE 102

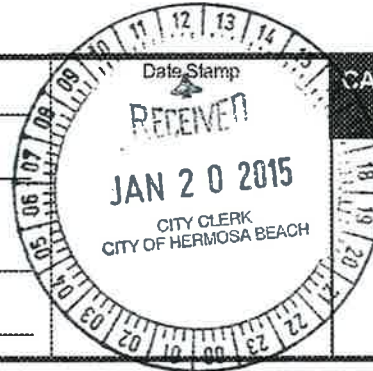
CITY HERMOSA BEACH **STATE** CA **ZIP CODE** 90254

Date of This Filing 01/15/2015

Report No. 01152015

Amendment to Report No. _____
(explain below)

No. of Pages 1



497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

1. Contribution(s) Received

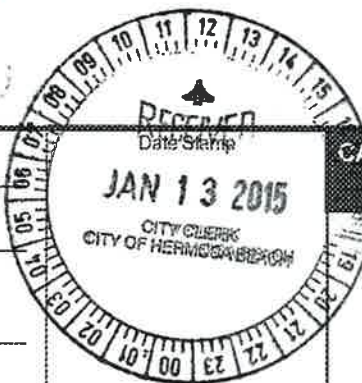
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/14/2015	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		85,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

COPY

Amounts may be rounded to whole dollars.



497 Contribution Report

497 CONTRIBUTION REPORT

NAME OF FILER
HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASURE O,
SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1373869

STREET ADDRESS
205 PIER AVENUE, SUITE 102

CITY HERMOSA BEACH **STATE** CA **ZIP CODE** 90254

Date of This Filing 01/12/2015

Report No. 01122015

Amendment to Report No. _____
(explain below)

No. of Pages 1

CALIFORNIA FORM 497

For Official Use Only

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/10/2015	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254 NONMONETARY: SALARY	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,208.34 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

COPY

Type or print in ink
Amounts may be rounded to whole dollars.

497 Contribution Report

NAME OF FILER
HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASURE O,
SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1373869

STREET ADDRESS
205 PIER AVENUE, SUITE 102

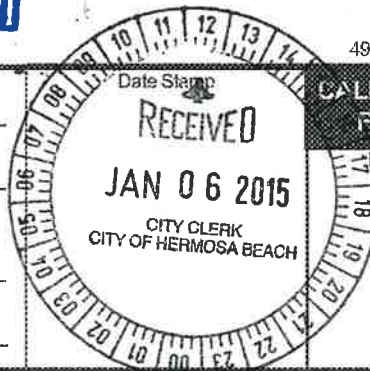
CITY HERMOSA BEACH **STATE** CA **ZIP CODE** 90254

Date of This Filing 01/06/2015

Report No. 01062015

Amendment to Report No. _____
(explain below)

No. of Pages 1



497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/05/2015	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		70,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

✓ scan

From:

COPY

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASURE O,
SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1373869

STREET ADDRESS
205 PIER AVENUE, SUITE 102

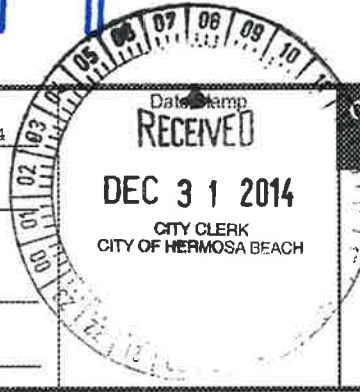
CITY HERMOSA BEACH **STATE** CA **ZIP CODE** 90254

Date of This Filing 12/29/2014

Report No. 12292014

Amendment to Report No. 12292014
(explain below)

No. of Pages 1



CALIFORNIA FORM 497

For Official Use Only

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/22/2014	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254 NONMONETARY: PHONE BILL	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		308.86 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/25/2014	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254 NONMONETARY: SALARY	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,208.34 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: ADDING NONMONETARY CONTRIBUTION

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

✓ scan
From:

COPY

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASURE O,
SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1373869

STREET ADDRESS
205 PIER AVENUE, SUITE 102

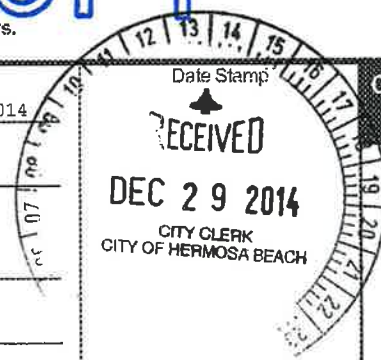
CITY HERMOSA BEACH **STATE** CA **ZIP CODE** 90254

Date of This Filing 12/29/2014

Report No. 12292014

Amendment to Report No. _____
(explain below)

No. of Pages 1



CALIFORNIA FORM 497
For Official Use Only

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/25/2014	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254 NONMONETARY CONTRIBUTION: SALARY	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,208.34 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

12/29/2014 12:28 #338 P.001/001

COPY

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASURE O,
SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1373869

STREET ADDRESS
205 PIER AVENUE, SUITE 102

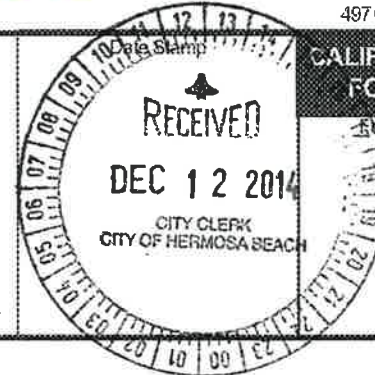
CITY HERMOSA BEACH **STATE** CA **ZIP CODE** 90254

Date of This Filing 12/12/2014

Report No. 12122014

Amendment to Report No. _____
(explain below)

No. of Pages 1



CALIFORNIA FORM 497
For Official Use Only

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/10/2014	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254 NONMONETARY CONTRIBUTION: SALARY	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,208.34 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

✓ Scan **COPY**

From:

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER
HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASURE O,
SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1373869

STREET ADDRESS
205 PIER AVENUE, SUITE 102

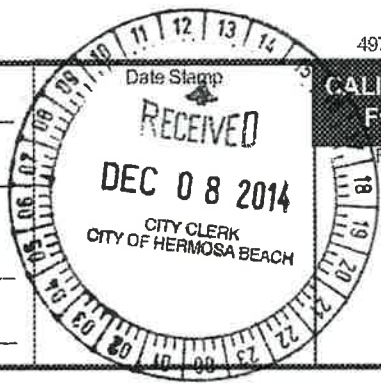
CITY HERMOSA BEACH **STATE** CA **ZIP CODE** 90254

Date of This Filing 12/04/2014

Report No. 12042014

Amendment to Report No. _____
(explain below)

No. of Pages 1



497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/03/2014	E&B NATURAL RESOURCES MANAGEMENT CORPORATION 205 PIER AVENUE, SUITE 102 HERMOSA BEACH, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

12/04/2014 17:45 #328 P.001/001