

497 Contribution Report

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

NAME OF FILER
Stop Hermosa Beach Oil - Committee Against Measure O

AREA CODE/PHONE NUMBER
310 941 5437

I.D. NUMBER (if applicable)
1346645

STREET ADDRESS
275 Valley Drive

CITY
Hermosa Beach

STATE
CA

ZIP CODE
90254

Date of This Filing
1/28/15

Report No.
12

Amendment to Report No. (explain below)

No. of Pages
1

497 CONTRIBUTION REPORT

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JAN 28 2015

CITY CLERK
CITY OF HERMOSA BEACH

CALIFORNIA FORM 497

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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
1/28/15	Ken Sarno 1040 10th street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 1000. 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: _____

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NAME OF FILER <i>Stop Hermosa Beach Oil - Committee Against Measure O</i>		Date of This Filing <i>1/28/15</i>		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>310 941 5437</i>	I.D. NUMBER (if applicable) <i>1346645</i>	Report No. <i>11</i>		
STREET ADDRESS <i>275 Valley Drive</i>		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <i>Hermosa Beach</i>	STATE <i>CA</i>	ZIP CODE <i>90254</i>		

✓ Scan

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
<i>1/27/15</i>	<i>Dennis Jarvis 591 18th Street 90254 Non Monetary Contribution - Auction Item</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>owner spyder surf shop</i>	<i>\$1500.⁰⁰</i> <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

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497 Contribution Report

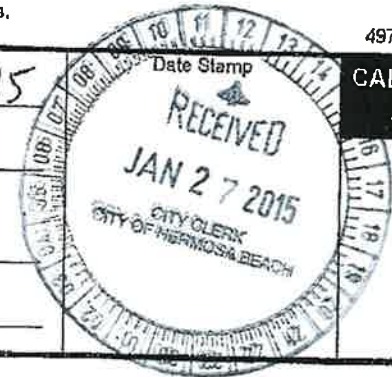
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AREA CODE/PHONE NUMBER <i>310 941 5437</i>	I.D. NUMBER (if applicable) <i>1346645</i>	Report No. <i>10</i>		
STREET ADDRESS <i>275 Valley Drive</i>		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <i>Hermosa Beach</i>	STATE <i>CA</i>	ZIP CODE <i>90254</i>	No. of Pages <i>1</i>	



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<i>1/27/15</i>	<i>Meredith Kaplan 640 Braeholm Place Hermosa Beach, CA 90254</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>n/a - none</i>	<i>\$1000.00</i> <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

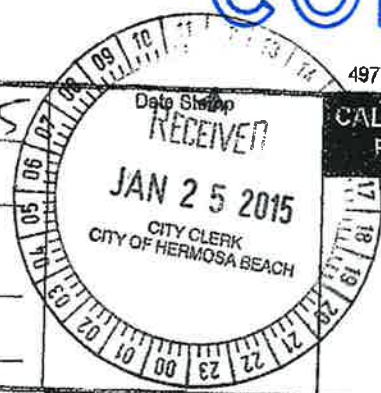
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NAME OF FILER Stop Hermosa Beach Oil - Committee Against Measure D		Date of This Filing 1/25/15		497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER 310 941 5437	I.D. NUMBER (if applicable) 1346645	Report No. 9		CALIFORNIA FORM 497
STREET ADDRESS 275 Valley Drive		<input type="checkbox"/> Amendment to Report No. (explain below)		For Official Use Only
CITY Hermosa Beach	STATE CA	ZIP CODE 90254		No. of Pages 1 of 2

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
1/24/15	Ted Pascarn 429 28th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Hirwa Tech LLC	\$1000. ⁰⁰ <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/24/15	Jani Lange 632 Ardmore Ave 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Electric	\$1500. ⁰⁰ <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/24/15	Renee Stauffer 2906 Hermosa View 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer 3.17 Productions, LLC	\$1200. ⁰⁰ <input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER: Stop Hermosa Beach Oil - Committee Against Measure O

AREA CODE/PHONE NUMBER: 310 941 5437 I.D. NUMBER (if applicable): 1346645

STREET ADDRESS: 275 Valley Drive

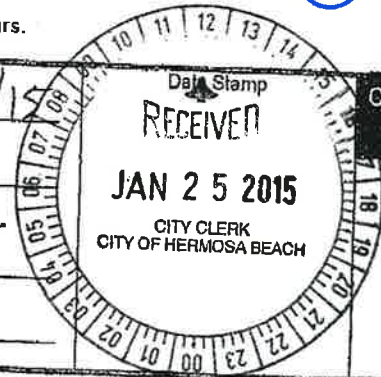
CITY: Hermosa Beach STATE: CA ZIP CODE: 90254

Date of This Filing: 1/25/15

Report No.: 9

Amendment to Report No. (explain below)

No. of Pages: 2 of 2



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1/24/15	David Branner 2434 Manhattan Ave. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1400. ⁰⁰ <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/24/15	Rob Kole 1900 The Strand 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kole Imports Import/ Export.	\$2100. ⁰⁰ <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/24/15	Michael Root 715 2nd Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Video Games Software Developer Root games	\$1600. ⁰⁰ <input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER Stop Hermosa Beach Oil - Committee Against Measure D		Date of This Filing 1/23/15	Date Stamp RECEIVED JAN 23 2015 CITY CLERK CITY OF HERMOSA BEACH	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 941 5437	I.D. NUMBER (if applicable) 1346645	Report No. 8		Amendment to Report No. (explain below) No. of Pages 45
STREET ADDRESS 275 Valley Drive		CITY Hermosa Beach	STATE CA	

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
1/23/15	Peter and Ciri Ellis 1037 Sunset Drive 90254 Non Monetary Contribution - Auction Item	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Northrup Grumman	\$ 3000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/23/15	Dennis Jarvis 591 18th Street 90254 Non Monetary Contribution - Auction Item	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER Spyder surf shop	\$ 1500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/23/15	Douglas Collins 548 2nd Street 90254 Non Monetary Contribution - Auction Item	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Labor Arbitrator R. Douglas Collins Arbitrator.	\$ 2000 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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AREA CODE/PHONE NUMBER 310 941 5437	I.D. NUMBER (if applicable) 1346645	Report No. 8		
STREET ADDRESS 275 Valley Drive		<input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 3 of 5		
CITY Hermosa Beach	STATE CA	ZIP CODE 90254		

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1/23/15	Fulbright Dental 1815 Via El Prada 90277 Non Monetary Contribution - Auction Hem	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Business	\$4500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/23/15	Peter Ellis 1037 Sunset Drive 90254 Non Monetary Contribution - Auction Hem	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Northrup Grumman	\$2500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/23/15	Michael Binder 640 Loma Drive 90254 Non Monetary Contribution - Auction Hem	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Private Jet Broker Altitude Aviation	\$1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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Reason for Amendment: _____

p.3

Jan 23 15 10:26p

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER: Stop Hermosa Beach Oil - Committee Against Measure D
 AREA CODE/PHONE NUMBER: 310 941 5437 I.D. NUMBER (if applicable): 1346645
 STREET ADDRESS: 275 Valley Drive
 CITY: Hermosa Beach STATE: CA ZIP CODE: 90254
 Date of This Filing: 1/23/15
 Report No.: 8
 No. of Pages: 2 of 5
 Amendment to Report No. (explain below):
 Date Stamp: RECEIVED JAN 23 2015 CITY CLERK CITY OF HERMOSA BEACH
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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
1/23/15	Douglas Collins 548 2nd Street 90254 Non Monetary Contribution - Auction Item	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R. Douglas Collins, Arbitrator. Labor Arbitrator	\$1200 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/23/15	Nathan Pompa 819 Tempus Circle 93420 Non Monetary Contribution - Auction Item	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifeguard Hermosa Beach	\$1585 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/23/15	Bob Bridges Photography 1112 Manhattan Ave. 90266 Non Monetary Contribution - Auction Item	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Business	\$1200 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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Reason for Amendment: _____

p.4

Jan 23 15 10:26p

COPY

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497 CONTRIBUTION REPORT

NAME OF FILER
 Stop Hermosa Beach Oil - Committee Against Measure D

AREA CODE/PHONE NUMBER
 310 941 5437

I.D. NUMBER (if applicable)
 1346645

STREET ADDRESS
 275 Valley Drive

CITY
 Hermosa Beach

STATE
 CA

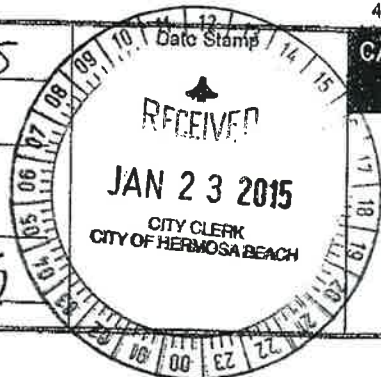
ZIP CODE
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Date of This Filing
 1/23/15

Report No.
 8

Amendment to Report No. (explain below)

No. of Pages
 1 of 5



CALIFORNIA FORM 497

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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
1/23/15	Titan + CO, INC 1601 N Sepulveda Blvd #622 90266 Non Monetary Contribution - Auction Item	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Business	\$1050 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/23/15	Alex Smith 508 Manhattan Ave 90254 Non Monetary Contribution - Auction Item	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Keller Williams Beach Cities	\$1500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
1/23/15	Michael Collins 520 8th Street 90254 Non Monetary Contribution - Auction Item	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Michael Collins, A Psychological Corporation	\$1,750 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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p.5

Jan 23 15 10:26p

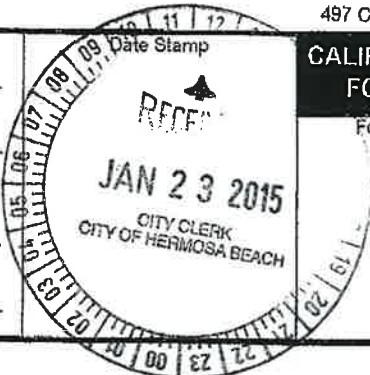
p.6

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NAME OF FILER Stop Hermosa Beach Oil - Committee Against Measure D		Date of This Filing 1/23/15		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 941 5437	I.D. NUMBER (if applicable) 1346645	Report No. 8		
STREET ADDRESS 275 Valley Drive		<input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 5 of 5		
CITY Hermosa Beach	STATE CA	ZIP CODE 90254		

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1/23/15	Jani Lange 632 Ardmore Ave 90254 Non monetary contribution - Auction Item	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Electric.	\$2500 <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

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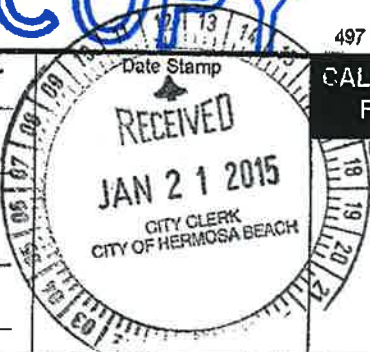
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AREA CODE/PIONE NUMBER 310 941 5437	I.D. NUMBER (if applicable) 1346645	Report No. 7		
STREET ADDRESS 275 Valley Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Hermosa Beach	STATE CA	ZIP CODE 90254	No. of Pages 1	

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1/21/15	Rick Learned 251 Valley Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director Fifth street Associates, LLC	\$1000.00 <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
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AREA CODE/PHONE NUMBER <i>310 941 5437</i>	I.D. NUMBER (if applicable) <i>1346645</i>	Report No. <i>6</i>	RECEIVED CITY CLERK CITY OF HERMOSA BEACH	
STREET ADDRESS <i>275 Valley Drive</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages <i>1</i>
CITY <i>Hermosa Beach</i>	STATE <i>CA</i>	ZIP CODE <i>90254</i>		

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<i>1/19/15</i>	<i>Matt Schaub 700 7th Street 90254</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>President RGR Marketing</i>	<i>\$ 1000.⁰⁰</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>1/19/15</i>	<i>Matt Schaub 700 7th Street 90254</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>President RGR Marketing</i>	<i>\$ 1000.⁰⁰</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
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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
1/13/15	Eyal Mintz 31234 Palos Verdes Dr. West 90275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder & CEO Fan Interactive Media	\$1,000 <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

Jan 14 15:07:21a

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NAME OF FILER <i>Stop Hermosa Beach Oil-Committee Against Measure O</i>		Date of This Filing <i>1/5/15</i>	Date Stamp RECEIVED JAN 05 2015 CITY CLERK CITY OF HERMOSA BEACH	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER <i>310 941 5437</i>	I.D. NUMBER (if applicable) <i>1346645</i>	Report No. <i>4</i>		
STREET ADDRESS <i>275 Valley Drive</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	For Official Use Only	
CITY <i>Hermosa Beach</i>	STATE <i>CA</i>	ZIP CODE <i>90254</i>	No. of Pages <i>1</i>	

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
<i>1/5/15</i>	<i>J.R. Reviczky 600 Ardmere Avenue Hermosa Beach, CA 90254</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>\$ 1000.⁰⁰</i> <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

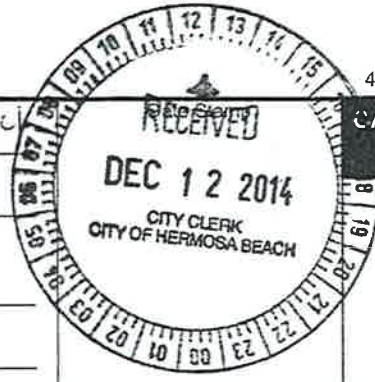
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- OTH - Other (e.g., business entity)
- PTY - Political Party
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497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

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NAME OF FILER
Stop Hermosa Beach Oil - Committee Against Measure O

AREA CODE/PHONE NUMBER
310 941 5437

I.D. NUMBER (if applicable)
1346645

STREET ADDRESS
275 Valley Drive

CITY STATE ZIP CODE
Hermosa Beach CA 90254

Date of This Filing 12/15/14

Report No. 1

Amendment to Report No. _____
(explain below)

No. of Pages _____

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
12/14/14	Michael Bailey 654 7th Street Hermosa Beach CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VMWARE Sales	\$1000. 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
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 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

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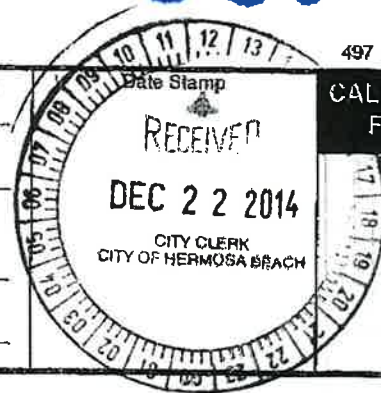
12/22/2014 13:30 610-527-5153

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PAGE 02

497 Contribution Report

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497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only

NAME OF FILER: Stop Hermosa Beach Oil - Committee Against Measure O
AREA CODE/PHONE NUMBER: 310 941 5437
I.D. NUMBER: 1346645
STREET ADDRESS: 275 Valley Drive
CITY: Hermosa Beach STATE: CA ZIP CODE: 90254

Date of This Filing: 12/22/14
Report No.: 2
Amendment to Report No.:
No. of Pages: 1

1. Contribution(s) Received

Table with 5 columns: DATE RECEIVED, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER, AMOUNT RECEIVED. Row 1: 12/21/14, Donald Croley, Jr., P.O. Box 886, Hermosa Beach, CA 90254, IND (checked), Retired, \$1000.00.

**Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
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Reason for Amendment:

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497 Contribution Report

NAME OF FILER
Stop Hermosa Beach Oil - Committee Against Measure O

AREA CODE/PHONE NUMBER
310 941 5437

I.D. NUMBER (if applicable)
1346645

STREET ADDRESS
275 Valley Drive

CITY
Hermosa Beach

STATE
CA

ZIP CODE
90254

Date of This Filing **12/24/14**

Report No. **3**

Amendment to Report No. _____
(explain below)

No. of Pages **1**



497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
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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
12/12/14	Kenneth Sarno 1040 10th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250 ⁰⁰ <input type="checkbox"/> Check if Loan Provide interest rate _____%
12/23/14	Kenneth Sarno 1040 10th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1000 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 _____%

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Reason for Amendment: _____

12/24/2014 11:23 610-527-5153 FEDEX OFFICE 0587 PAGE 02