### **Campaign Statement** Cover Page

**Recipient Committee COVER PAGE** CALIFORNIA **FORM** (Government Code Sections 84200-84216.5) 3 Statement covers period Date of election if applicable: (Month, Day, Year) 1/1/15 For Official Use Only from 1/17/15 3/3/15 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure ☐ Preelection Statement ☐ Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Recall Special Odd-Year Report Controlled ☐ Termination Statement (Also Complete Part 5) Sponsored Supplemental Preelection (Also file a Form 410 Termination) (Also Complete Part 6) Statement - Attach Form 495 ☐ General Purpose Committee Amendment (Explain below) Sponsored Primarily Formed Candidate/ Correction to Summary Page; to carry forward amount from Line 9 to O Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) Line 19 per the instructions. I.D. NUMBER 3. Committee Information Treasurer(s) 1346645 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Stop Hermosa Beach Oil - Committee Against Measure O George Schmeltzer MAILING ADDRESS 275 Valley Drive STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 275 Valley Drive Hermosa Beach CA 90254 310-941-5437 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Hermosa Beach CA 90254 310-941-5437 Patti Sousa MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS PO Box 988 631 Loma Drive CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE Hermosa Beach CA 90254 310-941-5437 Hermosa Beach CA 90254 310-447-1017 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS g.j.schmeltzer@att.net Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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. 1/28/15 Executed on . Date 1/28/15 Executed on . Executed on ... Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on \_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

### Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PAGE - PART 2							
	FORNIA DRM	4	160					
Page _	2	of _	3					

Officeholder or Candidate Controlled Comn	nittee	6	Primarily Formed Ballot	Mossura	Committee -		
NAME OF OFFICEHOLDER OR CANDIDATE		0.		weasure	Committee		
, and of officered off oardinate			NAME OF BALLOT MEASURE				
OFFICE COLOR OF THE COLOR OF TH			Ballot Measure O - Oil D	rilling/Prod	uction Project		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT
			0	Hermosa	a Beach	2	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP				Aures		
			Identify the controlling office	eholder, car	ndidate, or state	e measure	proponent, if any
	-		NAME OF OFFICEHOLDER, CAND				
Related Committees Not Included in this Sta	atomont: 1 lot and a service						
not included in this statement that are controlled by you	or are primarily formed to receive		OFFICE SOUGHT OR HELD		To	ISTRICT NO.	IE ANV
contributions or make expenditures on behalf of your car	ndidacy.				15	iditioi No.	IF ANS
COMMITTEE NAME	I.D. NUMBER						
		-	Dalar II E. La II				
NAME OF TREASURER	CONTROLLED COMMITTEE?	1.	Primarily Formed Candi officeholder(s) or candidate(s)	idate/Offic	eholder Com	mittee L	ist names of
	YES NO				s committee is pi	unarny torn	nea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
							OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGH	T OR HELD	
							SUPPORT
COMMITTEE NAME	I.D. NUMBER						☐ OPPOSE
	1		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT	T OR HELD	☐ SUPPORT
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NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CAI	NDIDATE	OFFICE SOUGHT	T OR HELD	
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)						OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attach	continuation	n sheets if nec	essarv	
			***************************************			Josui y	

### Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Stop Hermosa Beach Oil - Committee Against Measure O 1346645 Column A Column B Contributions Received Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions ...... Schedule A, Line 3 16.365.00 16,365.00 1/1 through 6/30 2. Loans Received ...... Schedule B, Line 3 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 16,365.00 16,365.00 20. Contributions Received 214.00 4. Nonmonetary Contributions ...... Schedule C, Line 3 214.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ 16,579.00 16,579.00 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E, Line 4 12,459,77 12,459.77 Candidates 7. Loans Made ...... Schedule H, Line 3 0 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ 12,459.77 12,459.77 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 2,577.10 2,577.10 Date of Election Total to Date 10. Nonmonetary Adjustment ...... Schedule C, Line 3 214.00 214.00 (mm/dd/yy) 12,250.87 12,250.87 **Current Cash Statement** 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ 48,450.11 To calculate Column B. add 16,365.00 13. Cash Receipts ...... Column A, Line 3 ebove amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 795.00 \*Amounts in this section may be different from amounts from Column B of your last reported in Column B. 12,459.77 report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 53,150,34 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_ for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents ...... See instructions on reverse \$ 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above 2577.10 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Car	cipient Committee npaign Statement ver Page emment Code Sections 84200-84216.5)	Type or print in	COPY	10 11111011111111	LIFORNIA 460
	NSTRUCTIONS ON REVERSE	statement covers period from	Date of election if applicable: (Month, Day, Year)	JAN 2 0 2015 CITY OF HERMOSA BEACH	For Official Use Only
. 1	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	emplete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Special Odd Supplement Statement -	atement d-Year Report al Preelection Attach Form 495
	Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  STOP HEYMOSA BEACH DIT-  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  STOP HEYMOSA BEACH DIT-  CITY STATE ZIP CO  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E  POBOX 988  CITY STATE ZIP CO  POBOX 988  CITY STATE ZIP CO  CITY STATE ZIP CO  CITY STATE ZIP CO  CITY STATE ZIP CO  COMMITTEEN STATE ZIP C	AREA CODE/PHONE 310 941 5437  ODE AREA CODE/PHONE 310 941 5437	MAILING ADDRESS  A75  CITY HEYMOSA BE NAME OF ASSISTANT TREASUR  PAH SOU  MAILING ADDRESS  631 LOW	a Drive each CA 90254	AREA CODE/PHONE 3109415437  AREA CODE/PHONE 310 4471017
- 1	Verification have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on	By Staces	Sch Multzek Signature of Treasurer or Assistant Arm áte Itrolling Officeholder, Candidate, State Measure Pr	Treasurer Coponent or Responsible Officer of Sponsor	rue and complete. I certify
	Date	-, <del></del>	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	FPPC Form 460 (January/05)

Date

Officeholder or Candidate Controlle	ed Committee	6. Primarily Formed Ballot Me	
NAME OF OFFICEHOLDER OR CANDIDATE			0-011 Drilling/Production Pra
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT NUMBER IF APPLICABLE)	DI LECTINO: OILETTEIL	HERMOJA BEACH SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP	Identify the controlling officeho	older, candidate, or state measure proponent, if an
<del></del>		NAME OF OFFICEHOLDER, CANDIDAT	TE, OR PROPONENT
Related Committees Not Included in not included in this statement that are control contributions or make expenditures on behalf	led by you or are primarily formed to receive	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	( <u> </u>	
recommendations and in terminal of late, and notice (i)			
	CONTROLLED COMMITTEE?	7. Primarily Formed Candida officeholder(s) or candidate(s) for	te/Officeholder Committee List names of which this committee is primarily formed.
NAME OF TREASURER	☐ YES ☐ NO	7. Primarily Formed Candida officeholder(s) or candidate(s) for the NAME OF OFFICEHOLDER OR CANDID	which this committee is primarily formed.
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	YES NO S (NO P.O. BOX)	officeholder(s) or candidate(s) for	DATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS  CITY STATE	YES NO S (NO P.O. BOX)	officeholder(s) or candidate(s) for the NAME OF OFFICEHOLDER OR CANDI	DATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE  DATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE  DATE OFFICE SOUGHT OR HELD OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	YES NO S (NO P.O. BOX)  E ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDI	Which this committee is primarily formed.  DATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE  DATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE  DATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

### Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA 460
through 1/17/15	Page 3 of 24
	1.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hermosa Beach 611 - Committee Against Measure 1276617 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions ...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B, Line 3 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State Candidates** 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B, add amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17, LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents ..... See Instructions on reverse FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

SCHEDULE A

**CALIFORNIA** 

Statement covers period

SEE INSTRUCTIO	NS ON REVERSE	through 117/15		Page 4 of 24			
Stop Hermosa Beach Dil - Committee Against Measure 0 1346645							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN, 1 - DEC,	AR	PER ELECTION TO DATE (IF REQUIRED)
1/6/15	Denise Anello 530 24th Street 90254	MIND COM OTH PTY SCC	Realtor 3 Leaf Realty	200.00	200.00	D	-
1/6/15	Michael Bailey 6547th Street 90254	MIND ☐COM ☐OTH ☐PTY ☐SCC	sales VmWare	200.00	200.0	0	:
1/6/15	Tracy Bercu 641 Loma Drive 90254	XIND COM OTH PTY SCC	Physician Tracy E. Bercu MD, Inc.	200.00	200.	υ	_
14/15	matthew Berger 551 2nd Street 90254	XIND   COM   OTH   PTY   SCC	Product Manager Herbalife	200.00	200.	٥٥	_
1/3/15	Claudia Berman 443 2nd Street 90254	DUND COM OTH PTY SCC	Sales oracle	100,00	100.00		_
			SUBTOTAL	s 900.0°		IISI T	
Schedule A Summary  1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)  2. Amount received this period – unitemized monetary contributions of less than \$100							
3. Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)  FPPC Form 460 (January/05)							

Type or print in ink.

Amounts may be rounded to whole dollars.

CALIFORNIA 460

NAME OF FILER I.D. NUMBER Stop Hermosa Beach Oil - Committee Against Measure O **AMOUNT** CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS TO DATE CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Dave Brown MND Псом 1525 Goodman Avenue 00 □OTH 200. 200 Tecolote □ PTY 90278 Research □ scc IND ☐ COM 00 ПОТH PTY □scc

LaborArbitratort

R. Dudlas Collins,

mediator

Debra Cuci, MFT

Arbitrator

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☐ PTY ☐ SCC

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8th Street

6th street

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Statement covers period

from

\*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

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

SCHEDULE A (CONT.) **CALIFORNIA** FORM

from

Statement covers period

Stop Hermosa Beach Oil - Committee Against Measure						UMBER 346645
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/6/15	Rosamond D'Orlac 285 West 6th street #212 90731	MIND COM OTH PTY SCC	none	50.00	50.00	
1/6/15	Peter Ellis 1037 Sunset Prive 90254	MIND □COM □OTH □PTY □SCC	Software Engineer Northun Prhymmen	200.00	200.00	
1/6/15	stacey Fishman 25 18th Street 90254	∭AIND ☐COM ☐OTH ☐PTY ☐SCC	none	200.00	200.00	
1/6/15	Scott Franz 642 7th Street 90254	☑IND □COM □OTH □PTY □SCC	Consultant Pierside Realty	100.00	100.00	_
1/7/15	Katherine Fumia 1205 19th Street 90254	MIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sales ' Pandora	20b.°°	200.00	

\*Contributor Codes

IND - Individual

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

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

**FORM** 

Statement covers period

				through 1/17	/15 Pag	ge <u>7</u> of <u>2</u> 4							
Stop He	Stop Hermosa Beach Oil - Committee Against Measure 0 1346645												
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)							
1/7/15	Karen Klink 501 Herondo #36 90254	DIND COM OTH PTY SCC	Bookleeper GoldenHeart Ranch	200.00	200.00								
1/5/15	Claudia Lindwall 628 Porter Lane 90254	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	none	100.00	100.00								
1/6/15	Sheryl main 1618 palm prive 90254	∭AIND ☐COM ☐OTH ☐PTY ☐SCC	Publicity + Marketing Consultant Main 1 Communications	100.	100.00								
1/8/15	Allan Mason 625 Monterey Blvd. 90254	⊠IND □COM □OTH □PTY □SCC	Owner/Jeweler Silvermason	200.00	200.00								
1/2/15	Justin Massey 848 Bard Street 90254	XIND □COM □OTH □PTY □SCC	Attorney Miller and Axline	250.00	250.00	_							
			SUBTOTAL \$	\$50.00									

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OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 1/1/15

through 1/17/15

Page 7 of 24

I.D. NUMBER

NAME OF FILER Stop He	rmosa Beach Oil - Committ	ee Ago	ainst Measure	20		JMBER +6645		
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)		
1/6/15	Robert Meylan 15265 Earlham Street Pacific Palisades 90272	COM COTH PTY SCC	Attorney Meylan, Davitt, Jain, Arevian + Kinjup	200.00	200.00			
1/5/15	Jay Moriarty 42 8th Street 90254	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer/Producer Antler Productions	200.00	200.00			
1/1/15	Gerard Mullins 631 Sunset Drive 90254	MND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CFO Computershake	100.00	100.00			
1/3/15	Thomas Northup 632 9th street 90254	ZIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	200.00			
14/15	David Pederson 2033 Hillorest Prive 90254	COM COM OTH PTY SCC	Consultant Independent Contractor	200.00	200, °°	_		
	SUBTOTAL\$ OOO CO							

\*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)
LIFORNIA 460

from 1/1/15	FORM 460
through 1/17/15	Page 9 of 24
CO ()	I.D. NUMBER

NAME OF FILER						I.D. NUMBER	
Stop Hermosa Beach Oil - Committee Against Measure						1346645	
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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR TO DATE	
1/3/15	Claudia Prenter 625 Loma Drive 90254	MIND COM OTH PTY SCC	Co-owner Prenter Design Group	200.06	200.	00	
1/4/15	Carol Reid 1206 Carriage Drive 14052	XIND    COM    OTH    PTY    SCC	none	100.00	100.0	o	
15/15	J.R. Reviczky 600 Ardmore Ave 90254	∭AIND ☐COM ☐OTH ☐PTY ☐SCC	Retired	1000.00	1000.	00	
1/3/15	Carol Reznichek 2234 The Strand 90254	IND COM OTH PTY SCC	Psychotherapist Carol Reznichek MFT	200.00	200	60	
1/6/15	Gavin Rubin 2608 183°d street 90278	XIND □COM □OTH □PTY □SCC	SenioRVP Attorney Network Services	100.00	100.	00	
SUBTOTAL\$ \(\rho \tilde{O} \circ \tilde{U} \rightarrow \tilde{U} \							

\*Contributor Codes

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OTH - Other (e.g., business entity)

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 1/1/15

CALIFORNIA 460

FORM 460

Page / Ø of 24

Stop Hermosa Beach Oil - Committee Against Measur					I.D	NUMBER 346645
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	
1/6/15	Ingrid feidt 803 Bard street 90254	IND COM OTH PTY SCC	Tax consultant Vaco Resources	200.00	200,00	
1/7/15	Jon Hollosi 117 Monterey Blvd. 90254	MIND ☐COM ☐OTH ☐PTY ☐SCC	OWNER Tails Gone Wild	100.00	100.00	
1/7/15	Andrea Hulter 584 33rd street 90266	COM COTH PTY SCC	Accupuncturist Azhieve Accupuncture	200.00	200.00	
1/6/15	Bruce Jaffie 1534 Palm Prive 90254	⊠IND □COM □OTH □PTY □SCC	Teacher LAVSD	100.00	100.00	
1/8/15	Morgan Jensen 854 Burd street 90254	MIND ☐COM ☐OTH ☐PTY ☐SCC	Staffer Providence Litte Company of Mavy	100,00	100. <sup>00</sup>	_
			SUBTOTAL\$	700.00		

\*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print In ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 1/1/15

CALIFORNIA 460

Page // of 24

I.D. NUMBER

Stop Hermosa Beach Oil - Committee Against Measure O						UMBER 346645		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
1/3/15	Kenneth Sarno 1040 10th Street 90254	ND COM OTH PTY SCC	Petived	206.00	200.00			
1/7/15	Mutt Schaub 700 7th Street 90254	X IND   COM   OTH   PTY   SCC	President RGR marketing	200,00	200.00			
1/4/15	George Schmeltzer 275 Valley Drive 90254	COM COM OTH PTY SCC	fetived	200,00	200.00			
1/5/15	Andre Sharp 618 bth Street 90254	ZIND COM OTH PTY SCC	Principal Sharp Information	200, <sup>∞</sup>	200.00			
1/6/15	Chanes Sheldon 1800 The strand 90254	©ind □com □oth □pty □scc	retived	200,00	200,00			
	SUBTOTAL\$ (000 00							

\*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 1/1/15

through 1/17/15

Page 12 of 24

I.D. NUMBER

7/20/9/2023 (7/20 1/2)						1.D. NUN	46645	
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
1/8/15	Kathy Sliff 891 Bard street 90254	MIND COM OTH PTY SCC	Nurse providence Little Company of Mary	100.00	100.	00	_	
1/5/15	Mark Shoemaker 600 N. Poinsetta Ave 90266	SIND   COM   OTH   PTY   SCC	Sales' Teledyne	200.°°	200.	00		
1/6/15	Loretta Sparks' 616 8th Place 90254	MIND □COM □OTH □PTY □SCC	Psychotherapist Lovetta Sparks, LMFT Counceling	200,°°	200.	60		
11/15	Brenton Spies 1233 N. Defroit St. #9 90046	MIND □COM □OTH □PTY □SCC	Research Biologist UCLA	200.00	200.	50		
1/4/15	Philippe Tavanto 639 Palmprive 90259	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner Private Equity Fund	100.00	100.0	U	<del>-</del>	
	SUBTOTAL\$ 800,00							

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/15 CALIFORNIA 460

through 1/17/15 Page 13 of 29

I.D. NUMBER

						1.D. NU 13	MBER 46645	
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
1/4/15	Kathy Zimmerman 3123 Montaito Meadow Drive 95404	COM COM OTH PTY SCC	none	200.00	90D.	00		
1/13/15	Paul Barker 732 Loma Drive 90254	⊠IND □COM □OTH □PTY □SCC	Refired	500.00	570	00		
1/8/15	Betty Lou Bender 2831 The Strand 90254	ÖND ☐COM ☐OTH ☐PTY ☐SCC	Retired	10000	100.	00		
1/12/15	David Brunner 2434 manhattan Ave. 90254	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vet Broad Ripple Animal climic	300.00	300,	٥٥		
1/12/15	Tom Carter 240 monterey Blud 90254	MIND □COM □OTH □PTY □SCC	Sales Marina Graphics Inc.	200.00	200.	00		
	SUBTOTAL\$ 1300,00							

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IND ~ Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Statement covers period from 1/1/15 CALIFORNIA 460

through 1/1/15 Page 14 of 24

Stop Hermosa Beach Oil - Committee Against Measure 0 13						MBER 46645		
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
1/15/15	Linda (ampbell 826 Loma Drive #A 90254	SUND COM OTH PTY SCC	Admin Specialist UCLA	200.00	200.00			
1/14/15	Julie Christenson 446 monterey Blud Apt F2 90254	⊠IND □COM □OTH □PTY □SCC	Realtor South Bay Prokers	200.00	200.00			
1/15/15	Anna (ox 701 Monterey Blud #! 90254	ÖND ☐COM ☐OTH ☐PTY ☐SCC	Teacher LAUSD	100.00	100.00			
1/11/15	Randy Fivestone 831 20th Street 90254	ZIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Philosophy Professor El Camino College	100.00	100.00	_		
1/11/15	Vanessa Fix 632 7th street 90254	MIND COM OTH PTY SCC	Senior Project Analyst EPIC Providence Health and Services	100.00	100.00			
	SUBTOTAL\$ 770.00							

\*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA FORM

NAME OF FILER Stop He	mosa Beach Oil - Committ	ee Agu	ainst Measure	20		346645			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)				
111/15	Scott gimple 654 8th Street 90254	MIND COM OTH PTY SCC	Deputy Executive Director Amenican Youth Soucer way	200.00	200.°°				
1/6/15	Janet Hallgren 1254 20th street 90254	XIND   COM   OTH   PTY   SCC	Retired	100.00	100.00				
1/15/15	Dan Harmon 2223 manhattan Avenue 90291	MIND ☐COM ☐OTH ☐PTY ☐SCC	Retired	200.00	200.00				
1/12/15	Jill Hewes 126 monterey BIVd 90254	MIND ☐COM ☐OTH ☐PTY ☐SCC	QA Specialist Westside Rogional Center	100.00	100,00				
11215	Nick Hogan 630 3rd street #4 90254	COM COM OTH PTY Scc	office Manager Escape Communications	100.00	100,00				
	SUBTOTAL\$ 700.00								

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(other than PTY or SCC)
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SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 1/1/15

through 1/17/15

Page 1/6 of 2/9

I.D. NUMBER

Stop Hermosa Beach Dil-Committee Against Measure O							MBER 46645	
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
1/19/15	Amanda Hunter 1073 Monterex Blud 90251	COM COTH PTY SCC	President CA map Avt Company LMAC	100.00	100.0	D		
1/12/15	Steve Izant 726 Elvirg Ave Unit B 90277	XIND   COM   OTH   PTY   SCC	Retired	100.00	100.	८०		
1/13/15	Dennis Jarvis 591 18th Street 90254	MIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	owner Spyder Surf	200,00	200.	a		
1/13/15	Sally Jones 78 The strand 90254	ZIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Refired	100.00	100.	D		
1/14/15	Gabor Kossuth 440 31st Street 90254	MIND □COM □OTH □PTY □SCC	RetiRed	300. <sup>00</sup>	300.	00		
	SUBTOTAL\$ 800.00							

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

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SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 1/1/15

through 1/17/15

Page 17 of 24

I.D. NUMBER

						1.D. NU	MBER 46645
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/13/15	Joann Lach 521 31st street 90254	DUND COM OTH PTY SCC	RetiRed	100,00	100,00	)	
1/10/15	1an Lee-Leviten 760 monterey Blad 90754	XIND COM OTH PTY SCC	Petired	DO. 00	200.	Oυ	
111/15	Mile Longacke 1302 Ocean Drive 90254	∭MND ☐COM ☐OTH ☐PTY ☐SCC	owner Omikesguitar Parlor	200,00	200.	60	-
1/13/15	Jennifer Luria 540 21st street 90254	MIND ☐COM ☐OTH ☐PTY ☐SCC	Cto sky River stone	100,00	100.	00	
1/14/15	Jess Lurie 802 monterey Blvd. Apt 5 90254	COM OTH PTY SCC	Realtor The waters Edge with Kellerwilliams	100,00	100.	20	_
SUBTOTAL\$ 700.06							

\*Contributor Codes

IND - Individual

COM Desiries Com

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.) Statement covers period **FORM** 

Stop Hermosa Beach Oil - Committee Against Measure O						1.D. NUM	HBER 46645	
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
113/15	Aileen Martin 329 31st street 90254	MIND COM OTH PTY SCC	Retired	100.00	100.00			
1/11/15	Anicia Mendez 637 35th street 90254	XIND   COM   OTH   PTY   SCC	Managing Director Janus Capital	100.00	100.00	)		
1   13   15	Eyal Mint2 31234 Palos Verdes Drive West 90275	∭MND □COM □OTH □PTY □SCC	Founder + CEO Fan Interactive Media	1000.00	1000.	00	-	
1/9/15	Dency Nelson 2415 Silverstrand Ave 90254	⊠IND □COM □OTH □PTY □SCC	Retired	200.00	200.0	0		
1/14/15	Tom Nyman 1040 Manhattan Are 90254	MIND ☐COM ☐OTH ☐PTY ☐SCC	Retired	200.00	200.	10		
	SUBTOTAL\$ (600,00							

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 1/1/15

through 1/17/15

Page 19 of 29

I.D. NUMBER

NAME OF FILER	unough 17		Page _/ of _&_ /
Stop Hermosa Beach Oil - Committee Against Measur		1346645	
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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN, 1 - DEC.	AR TO DATE
Michelle Orsi Communications Cap	100.00	100.	20
1/16/15 Henry Padgett Goom Scientist Good Scientist Goth Cardinal Godsy Godsy Health	200.00	200.°	0
1/4/15 Michael Phillips Jr. GOM Filmonaker 1/4/15 10:10 Ardmore Ave. 90254 BTY CA.	200.00	200,0	0
Miyo Prassas  1/12/15	200 00	200.0	0
1/15/15 GOO Ardmare Are 90254 Petired Scc	200.00	1,200.°	
SUBTOTAL	\$ 900 00		

\*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 1/1/15

CALIFORNIA 460

FORM 460

Page 20 of 24

Stop Hermosa Beach Oil - Committee Against Measure O						1.D. NU	MBER 46645		
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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
1/10/15	Marie Rice 301 25th street 9025y	DIND COM OTH PTY SCC	none	200.00	200.	Эо			
1/9/15	Elise Robins 2914 Hermosa View Drive 90254	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	none	200.00	200.	00			
114/15	Sharon Rosenberger 1121 Bayview Drive 90254	∭AIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountant Any Laminating Service, Inc.	200.00	200.0	0			
1/15/15	John Thoute 840 Loma Drive 90254	COM COM OTH PTY SCC	Sales Blackridge Technology	200.°°	200.	00			
		COM COM OTH PTY SCC					_		
	SUBTOTAL\$ 800.00								

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COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE C Statement govers period **CALIFORNIA FORM** Page a through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Stop Hermosa Beach Oil - Committee Against Measure O CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND PER ELECTION CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR TO DATE CODE \* GOODS OR SERVICES RECEIVED CALENDAR YEAR (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER J.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) □IND Bagels+ □COM Local **M**OTH □PTY Business □SCC Bagels+ Coffee Local □COM **⊠**ÓTH Business □PTY SCC ПСОМ □OTH □PTY □SCC □COM □ OTH □PTY □SCC **SUBTOTAL \$** 

Attach additional information on appropriately labeled continuation sheets.

Schedule	C Summary
----------	-----------

	Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	s 164.00°
	Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 50,00
3.	Total nonmonetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	\$ 214.00

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PTY - Political Party

#### Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 1115 Page 22 of 29

I.D. NUMBER

134645

NAME OF FILER
STOP HEYMOSA BEACH OIL - Committee Against Measure O.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs

CNS campaign consultants MTG meetings and appearances RFD returned contributions

CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries

CVC clvic donations PET petition circulating TEL t,v, or cable airtime and production costs

petition circulating TEL t,v, or cable airtime and production costs

petition circulating TEL t,v, or cable airtime and production costs

TRC candidate travel, lodging, and meals

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND Independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Paypal 2211 North First street San Juse (A 95131	OFC	178.59
Stephen Sammarco 2304 mathews Ave Suite 4 Redonde Brach. CA 90278	CNS	1000.00
Stephen Sammarco 2304 Mathews Ave Suite 4 Reclando Beach, CA 90278	CNS	11,030.00

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL\$ /2, 208, 5%

### Schedule E Summary

Ju	nedule E duffillary	in	208,5	- 4
1. 1	temized payments made this period. (Include all Schedule E subtotals.)\$	121	20017	, ,
2. (	Uniternized payments made this period of under \$100\$	25	1.18	=
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$		<del></del>	
4.	Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	12,4	159,7	17

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 1/15
through 1/7/5
Page 23 of 29

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

stop Hermosa Beach oil - Committee Against Measure O

\_\_\_\_ | 1340k

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	Independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
LB Industries 16209 Minnesota Ave Paramount, CA 90723	CMP	0	354,90	-0-	354.90
Stephen Sammarco 2304 Mathews Avenue Svite 4 RedondoBeach, CA 90278	CNS	11,030.	8098.00	11,030.00	8098.°°
California State Board of Equalization P.O. Box 942879 Sacramento, (A 94279	OFC	774.78	· <del>D</del>	0	774,78

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ 11,030,00 \$ 8452,90 \$ 11,030,00 \$

#### **Schedule F Summary**

Schedule I Miscellaneous Increases to Cash  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Stop Himaga Beach Oil - Committee Again	Type or print in ink. Amounts may be rounde to whole dollars.	from	CALIFORNIA 460 FORM Page 24 of 24  I.D. NUMBER 1346645
DATE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	31 7700(3 - 0 - 0	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional information on appropriately labeled continuation sheets.		SUBTOTA	L\$
Schedule I Summary  1. Itemized increases to cash this period	chedule H, Column (e).)	\$ 795,00 \$ <del>\tag{\tag{\tag{\tag{\tag{\tag{\tag{</del>	_

#### COVER PAGE **Recipient Committee CALIFORNIA Campaign Statement FORM Cover Page** (Government Code Sections 84200-84216.5) Page Date of election if applicable: Statement covers period CITY CLERK CITY OF HERMOSA BEACH (Month, Day, Year) For Official Use Only SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ☐ Preelection Statement Primarily Formed Ballot Measure Officeholder, Candidate Controlled Committee Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement Supplemental Preelection Sponsored (Also Complete Part 5) (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Correct Schedules A ? C to correct cumulative total. Previous Sponsored Officeholder Committee Small Contributor Committee filing combined Sch A+C totals for these individuals and should have been (Also Complete Part 7) O Political Party/Central Committee separate Treasurer(s) 3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Stop Hermosa Beach oil MAILING ADDRESS ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) AREA CODE/PHONE STATE ZIP CODE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE STATE 902 Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 or Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on -

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

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

SCHEDULE A

Statement covers period

,		10	whole dollars.	from	1		ORM 460
SEE INSTRUCTION	ONS ON REVERSE			through 12 31	14	Page	2 of 7
NAME OF FILER	op Hermosa Beach oil					1.D. NU	JMBER 46645
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
+11114	Jose Bacallao 2910 Hermosa View Dr. 90254	DHND COM OTH PTY SCC	operations Manager Santa Monica Pier Aquarium	550.60	550.°	0	
1/3/14	Claudia Berman 443 2nd Street 90254	MIND COM OTH PTY SCC	Sales oracle	15000	150°	υ	سننج
4113/14	Michael Collins 520 8th Street 90254	IND COM OTH PTY SCC	Psychologist A Psychological corporation	27500	275	0 0	-
4/2/14	Matt Fojut 663 30th street 90254	MIND ☐COM ☐OTH ☐PTY ☐SCC	general council Intelligent Beauty	275 60	275	00	_
4/1/14	Arcadia Keene 24 7th Street 90254	XIND □COM □OTH □PTY □SCC	Producer Coolfire	27500	275°		_
			SUBTOTAL	;			
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$		IND COM	(other	al ent Committee than PTY or SCC)
	ceived this period – unitemized monetary contributions	of less than \$	\$100\$		PTY-	- Political	,
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	) TOTAL \$		SCC-	- Small C	Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER	Hermosa Beach Oil				1.0.1	346645
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/16/14	Allan Mason 625 Monterey Blvd 90254	COM COM OTH PTY SCC	Jeweler Silvermason	275	275°°	_
3/27/14	Lael Stabler 66 18th Street 90254	COM COM OTH PTY SCC	none	27500	42500	_
5/20/14	Renle Stauffer PO BOX 1946 90267	IND COM OTH PTY	Producer 3.17 Productions we	50°°	70000	_
4/14/19	Tim Wheeler 434 30th Street 90254	COM COM OTH PTY SCC	Film Maker S Corp Borrowed Trunk inc	27500	27500	
4/25/14	Timothy Wheeler 225 North Poinsettiane. 90266	⊠IND □COM □OTH □PTY □SCC	Greene, Broillet+ Wheeler	27500	275°"	_
			SUBTOTAL\$			

\*Contributor Codes

IND -- Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 1/1/1/4 FORM 460

through 12/3/1/4 Page 4 of 7

Sto	p Hermosa Beach oil					346645
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/2/14	Alisa Wyatt 1717 Monterey Blvd 90254	☐COM ☐OTH ☐PTY ☐SCC	CEO Pilatesology.com	27500	275°°	10.
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL \$			

\*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

SEE INSTRUCTIONS ON REVERSE

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

SCHEDULE C Statement covers period CALIFORNIA FORM I.D. NUMBER

NAME OF FILER Hermosa Beach oil 1346645 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR TO DATE CODE \* GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) (JAN 1 - DEC 31) NAME OF BUSINESS) XIND Arcadia Keane Producer □СОМ Wine 247th Street OS 105 □ OTH (oolfire □PTY Hermosa Beach, 90254 □SCC □IND ПСОМ 1717 Monterey Blvd **⊠**OTH ′□PTY pilatesulogy 90254 □SCC DIMO Jeweler Allan Mason <del></del>СОМ 625 Monterey Blvd 90254 Claudia Berman □OTH Silvermason □ PTY Farrings SCC XIND Sales

oracle

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 

Sche	dule	C	Sui	mm	arv

- 1. Amount received this period itemized nonmonetary contributions. (Include all Schedule C subtotals.)
- 2. Amount received this period unitemized nonmonetary contributions of less than \$100 ......\$

ПСОМ **□OTH** 

**□PTY** □SCC

Total nonmonetary contributions received this period.  \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 1114 Page of 7

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Hermosa Beach Oil 1346645 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND PER ELECTION CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR CODE \* TO DATE GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) Jose Bacallao DINA □COM 07 2910 Hermosa View Drive 700 700 ☐ OTH Santa Monica Pier MMR □PTY 90254 Aguarium □scc MIND Hollywood ГСОМ □OTH 5/10/14 BOW □PTY □SCC MND ПСОМ 00 CO 1500 **□**OTH 500 □PTY □scc XIND ПСОМ □OTH PSychologica □PTY SCC Corporation Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$

3. Total nonmonetary contributions received this period.

Type or print in ink.

Amounts may be rounded to whole dollars

Statement covers period to whole dollars. **CALIFORNIA FORM** SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Hermosa Beach Oil 1346645 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND CONTRIBUTOR PER ELECTION **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR CODE \* TODATE RECEIVED GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) (JAN 1 - DEC 31) Rence Stanfler 2906 Hermosa View Dr. XIND Producer Псом Movie 62500 35000 ПОТH 3.17 productions Basket □PTY □ SCC ZIND tim maker Jack □COM S Corp Borrowed Johnson **□OTH** tidats PTY True inc □scc DMM Lawyer 3 nights in <del></del>СОМ □OTH 4300 mammoth 2000 □ PTY **□SCC** ПСОМ **□**OTH MPTY □scc Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$** Schedule C Summary \*Contributor Codes Amount received this period – itemized nonmonetary contributions. IND - Individual (Include all Schedule C subtotals.) COM - Recipient Committee (other than PTY or SCC) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$ OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

SCHEDULE C

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	CALIFORNIA 460 FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	Date of election if applicable (Month, Day, Year)  JAN 1 2 2015  For Official Use Only  CITY OF HERMOSA BEACH
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination)  Amendment (Explain below)
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Stop Hermosa Beach Oil- Committee Against Measurs  STREET ADDRESS (NO P.O. BOX)  275 Valley Drive  CITY STATE ZIP CO MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E  PO BOX 988  CITY STATE ZIP CO  PO BOX 988  CITY STATE ZIP CO  OPTIONAL: FAX / E-MAIL ADDRESS  9.1. SCHMELTZER @ att. N.E.	AREA CODE/PHONE 3 0 9 4 5 437 BOX  AREA CODE/PHONE 3 10 9 4 1 5 4 3 7	Treasurer(s)  NAME OF TREASURER  GEOVAC SCHMETTER  MAILING ADDRESS  275 VALLEY DVIVE  CITY STATE ZIP CODE AREA CODE/PHONE  HEVMOSA BEACH CA 90254 310941543  NAME OF ASSISTANT TREASURER, IF ANY  PATT DUSA  MAILING ADDRESS  631 LOMA DVIVE  CITY HEVMOSA BEACH CA 90254 3104471017  OPTIONAL: FAX //E,MAIL ADDRESS
Executed on	By Staces  By Staces	owledge the information contained herein and in the attached schedules is true and complete. I certify  Signature of Treasurer or Assistant Treasure  UNUTO  Introlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed onDate	-, <del></del>	Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_

NAME OF OFFICEHOLDER OR CANDIDATE				
		Ballot Measure O	- Oil Drilling/	production.
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	FION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDI	1 N N N N N N N N N N N N N N N N N N N	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	NO STREET) CITY STATE ZIP	Identify the controlling officeholder,	candidate, or state measure p	roponent, if any.
		NAME OF OFFICEHOLDER, CANDIDATE, OF	RPROPONENT	
Related Committees Not Include not included in this statement that are co contributions or make expenditures on be	ed in this Statement: List any committees introlled by you or are primarily formed to receive ehalf of your candidacy.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/O officeholder(s) or candidate(s) for which	fficeholder Committee List this committee is primarily forme	et names of
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
A Committee of the Comm		NAME OF OFFICEHOLDER OR CANDIDATE		SUPPORT
(Access	DRESS (NO P.O. BOX)		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT SUPPORT
COMMITTEE NAME  NAME OF TREASURER	STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

### Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

	OOMMANTTAGE
Statement covers period	CALIFORNIA 460
through 12/3///9	Page 3 of 37
	1.D. NUMBER

CLIMANA DV DACE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Beach oil - Committee Against Measure O 15/0073 Calendar Year Summary for Candidates Column A Column B **Contributions Received** CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 1. Monetary Contributions ...... Schedule A, Line 3 7/1 to Date 1/1 through 6/30 2. Loans Received ...... Schedule B, Line 3 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made Candidates** 6. Payments Made ...... Schedule E, Line 4 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 To calculate Column B, add amounts in Column A to the 13. Cash Receipts ..... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts from Column B of your last 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 reported in Column B. report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative figures that should be 16. ENDING CASH BALANCE ....... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents ...... See instructions on reverse FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Statement covers period

**CALIFORNIA FORM** 

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermasa Beach Dil-Committee Against Measure O

I.D. NUMBER 1346645

SIOP FIETH	1030 Deace Off Continuity ex riger	11/3/ /11	010-01-0-0			15/00/5
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/14	David Adler 943 15th Place Hermosa Beach, CA 90254	COM COM OTH PTY SCC	EVP Dynasty	\$250.00	\$ 250.00	/
11/15/14	(hristopher Angelo 1955 Bayview Drive Hermosa Beach, CA 90254	DIND COM OTH PTY SCC	Lawyer Angelo + Demonda	\$ 500.00	\$500.00	
9/14/14	Jose Bacallao 2910 Hermosa View Drive Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Rinlagist	\$140.00	<sup>\$</sup> ,690.00	/
9/14/14	Jose Bacallao 2910 Hermosa View Drive Hermosa Beach, CA 90254	DOM DOTH SCC	Biologist Heal the Bay	\$250,00	\$440.00	
11/15/14	Michael Bailey 654 7th Street Hermosa Beach, CA 90254	COM COM OTH PTY SCC	Sales VMWare	\$40.00	\$40,00	
			SUBTOTAL	\$ 1170,00		

**Schedule A Summary** 

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ......\$

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

3. Total monetary contributions received this period.  \*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

FPPC Form 460 (January/05)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/19 CALIFORNIA FORM 460 through 12/31/19 Page 5 of 37

NAME OF FILER				V 32	1	age oi
	nosa Beach oil - Committee.	Agains	t Measure O			1.D. NUMBER 1346645
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 THIS PERIOD	CUMULATIVE TO I CALENDAR YE. (JAN. 1 - DEC.	AR TO DATE
12/15/14	Michael Bailey 654 7th street Hermosa Beach, CA 90254	ØIND □COM □OTH □PTY □SCC	Sales VM WaRe	\$1000.00	\$1040.	10
11/12/14	Joan Bell 1089 10th street Hermosa Beach, CA 90254	⊠IND □COM □OTH □PTY □SCC	Retired	\$100,00	\$100.00	
12/3/14	Joan Bell 1089 10th street Hermosa Beach, CA 40254	MND COM OTH PTY SCC	Retired	\$250,00	\$350.	00
12/27/14	Hermosa Beach, 14 40259	MND □COM □OTH □PTY □SCC	Retired	\$100,00	\$ 450.6	0
8/25/14	Claudia Berman 443 2nd Street Hermosa Beach, CA 90254	COM COM OTH PTY SCC	Sales Oracle	\$50.00	\$200,00	_
<del></del>			SUBTOTAL \$	1500,00		

\*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period rom 7/1/14 CALIFORNIA FORM 460

Stop Hevr	nosa Beach oil - Committee,		1.D. NUMBER 1346645			
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR TO DATE
9/14/14	Ciaudia Berman 443 2nd Street Hermosa Beach, CA 90254	MIND COM OTH PTY SCC	Sales oracle	\$80.00	\$280°	0
12/2/14	claudia Berman 443 2nd street Hermosa Beach, cA 90254	ØIND ☐COM ☐OTH ☐PTY ☐SCC	Sales oracle	\$25,00	\$ 305	6 0
12/12/14	claudia Berman 443 2nd Street Hermosa Beach, CA 90254	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Sales Oracle	\$ 50,00	\$355°	-
9/4/14	Ruth Ann Binder 5256 James Avenue Dakland, CA 94618	CIND COM OTH PTY SCC	Life Coach Binder Consulting	\$100.00	\$ 100.	00
12/19/14	Robert Blair 635 11th Street Hermosa Beach, CA 90254	DOM COM OTH PTY SCC	President + CEO	\$100.00	\$ 100.	00 _
			SUBTOTAL	355.00		

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/14 CALIFORNIA 460

through 12/31/14 Page 4 of 37

I.D. NUMBER

NAME OF FILER					1	-9
	nosa Beach oil - Committee.	Agains	t measure 0			1.D. NUMBER 1346645
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 THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
123/14	Jennifer Buchsbaum 1524 Prospect Avenue Hermosa Beach, CA 90254	DIND COM OTH PTY SCC	OWNER JLYNN Jewelry	\$250.°°	# 250. <sup>(</sup>	0
12/26/14	George Buckley 125 25th Street Hermosa Beach, CA 90254	ATIND COM OTH SCC	Retired	#250.00	\$250.°	0
12/2/14	Bonnie Cohn 2222 The Strand Hermosa Beach, CA 90254	COM COTH PTY SCC	Retired	\$100,00	\$ 250.00	_
12/2/14	R. Douglas Collins 548 2nd street Hermosa Beach, CA 90254	□scc	Labor Arbitrator R. Douglas Collins, Arbitrator	# 100.00	\$ 575,0	00
12/2/14	Donald Croley PO Box 886 Hermosa Beach, CA 90254	COM COM OTH PTY SCC	Retired	\$25.00	\$ 25,00	
			SUBTOTAL \$	125.00		

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OTH - Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA **FORM** 

Stop Hevr	nosa Beach Oil - Committee.	Agains	t measure 0			1.D. NUMBER 1346645	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.	AR TO DATE	
12/21/14	Donald Croley PO Box 886 Hermosa Beach, CA 90254	IND COM OTH SCC	Retired	\$1000.00	\$ 1025.	00	
12/2/14	Susan Dariy 502 The Strand Hermosa Beach, CA 90254	XIND COM OTH PTY SCC	none	\$ 100,00	\$ 375.	00 -	
8/27/14	Leslie Davis 115 Geneva Walk Long Beach CA 90803	COM COM OTH PTY SCC	Psychotherapist Leslie Davis Psychotherapy	\$100.00	\$ 100.00	>	
9/29/14	giru Derosa 512 Loma Drive Hermosa Beach, CA 90254	MIND □COM □OTH □PTY □SCC	CPA  gina DeRosa  CPA, PC	\$100.00	\$375,	00	
12/10/14	Jan Dietnik 108 orchard Prive Ventura, CA 93001	MIND ☐COM ☐OTH ☐PTY ☐SCC	Procident	\$ 500.00	\$ 500.0	0	
	SUBTOTAL\$   800,00						

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IND - Individual

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

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/19 CALIFORNIA 460 through 12/31/19 Page 1 of 37

Stop Herr	Stop Hermosa Beach Oil - Committee Against Measure O					1.D. NUMBER 1346645	
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 THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TODATE	
8/25/14	Patricia Doherty 411 Monterey Blvd Apt E Hermosa Beach, CA 90254	XIND ☐COM ☐OTH ☐PTY ☐SCC	Teacher Desert sands Unified School District	\$ 100,00	\$100.00		
9/14/14	Hany Fangary 730 The Strand Hermosa Beach, CA 90254	IND □COM □OTH □PTY □SCC	ot counsel Velasco law Group	\$100.00	\$ 100.00		
11/15/14	Hany tangary 730 The strand Hermosa Beach, CA 90254	IND □COM □OTH □PTY □SCC	of Counsel Velasco Law group	\$1500.00	\$ 1600.0		
7/23/14	Melissa Felton 446 Monterey Blud Hermosa Beach, CA 90254	MIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sales Care innovations	\$100.00	\$100.0	0	
12/16/14	Melissa Felton 446 Monterey Blud Hermosa Beach, CA 90254	COM COM OTH PTY SCC	Sales care Innovations	\$100,00	\$200.0		
	SUBTOTAL\$ /900,00						

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA FORM

NAME OF FILER		7			/	I.D. NUN	ADED.
Stop Herr	nosa Beach oil - Committee.	Agains;	t Measure O				346645
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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/6/14	Mike Flaherty 408 31st street Hermosa Beach, CA 90254	⊠ND □COM □OTH □PTY □SCC	Retired	\$/00.00	\$ 100.6	o	
12/3/14	Carol Fleischer 4 The Strand Hermosa Beach, CA 90254	DIND COM OTH PTY SCC	Psychologist Carol Weiss Phd	\$100.00	\$100.00	υ	-
7/21/14	Julieann Forney 34 7th Street Hermosa Beach, CA 90254	DIND COM OTH PTY SCC	Realtor South Bay Brokers	\$ 100,00	\$ 100.0	70	-
12/2/14	Julieann Forney 34 7th Street Hermosa Beach, CA 90254	□OTH □PTY □SCC	Realtor South Bay Brokers	\$ 25.00	\$ 125.0	70	-
10/27/14	Ben gerst 601 2nd street Hermosa Beach, CA 90254	MIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Founder	\$ 100.00	\$ 100.00	,	_
			SUBTOTAL	425,00			

\*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/14

through 12/31/14

Page 1 of 37

I.D. NUMBER

				unough / /a i	/	Page	ot
Stop Hevr	Stop Hermosa Beach vil - Committee Against Measure O					1.D. NUM /3	BER 46645
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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
9/1/14	Tom Humilton 1258 8th street Hermosa Beach, CA 40254	IND COM OTH PTY SCC	Educator Culvercity Unified School District	\$ 100,00	\$ 100.0	٥	
12/4/14	Janet Hamilton 55-575 oak Hill La Quinta, CA 92253	DIND COM OTH PTY SCC	Retired	\$500.00	\$500.	10	_
12/18/14	Dennis Harmon 2223 Manhattan Ave. Hermosa Beach, LA 90254	□COM □OTH □PTY □SCC	Retired	# 100.00	\$100,0	υ	_
8/14/14	Donna Heath 631 6th street HermosaBeach, CA 90254	DIND □COM □OTH □PTY □SCC	Retiped	\$100.00	\$ 100.00	)	_
12/3/14	Donna Heath 631 Leth street Hermosa Beach, (A 90254	DXIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RetiRed	\$ 100.00	\$ 200.	10	
			SUBTOTAL \$	900.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA FORM

NAME OF FILER	the state of the s				100	IUMBER
Stop Hern	77	1346645				
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/14	Fred Huebscher 924 16th Street Hermosabeach, CA 90254	COM COTH PTY SCC	Consultant The Political Scientists	\$500.00	\$ 500,00	
9/27/14	Dave Andrews 627 11th st. 90254	COM COTH PTY SCC	owner bevious media	1000	28500	
11/15/14	Dave Andrews 627 /1th St. 90254	COM OTH PTY SCC	owner Devious Media	1000	29500	
12/9/14	Dave Andrews 627 11th street 90254	COM COM OTH PTY SCC	owner Devious Media	1000	305°°	_
12/2/19	Michael Collins 520 8th Street 90254	COM OTH PTY SCC	Psychologist Apsychological corporation	25°°	300 00	
			SUBTOTAL	555.00		

\*Contributor Codes

IND - Individual

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

SCC - Small Contributor Committee

Type or print In ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/14 Page 3 of 37

I.D. NUMBER

Stop Hevr	nosa Beach oil - Committee.	Agains	t measure o		1.D.	NUMBER 1346645	
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/21/14	Ciri Ellis 1037 Sunset Dr. 90254	IND COM OTH SCC	Yoga Instructor Spectrum	50°'	325 00	-	
12/22/14	Sean gannon 2124 power street 90254	□OTH □PTY □SCC	Managing Divector Crestlike Investors	25°°	30000	_	
12/2/14	Stephen Izant 726 Elviva Ave 90278	⊠IND □COM □OTH □PTY □SCC	Retired	10000	10000	_	
12/1/14	Ben Kara bell 1736 Steinhart 90278	XIND ☐COM ☐OTH ☐PTY ☐SCC	OWNER Karabell Dentistry	100 00	10000		
Illally	Dale Kans 3101 Valley Prive 90254	□COM □OTH □PTY □SCC	/	50000	50000		
	SUBTOTAL\$ 775.00						

\*Contributor Codes

IND - individual

NAME OF EILER

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars,

Statement covers period n 7/1/14 FORM 460

through 13/1/7 Page 19 of 3+

Stop Herr	Stop Hermosa Beach oil - Committee Against Measure O					
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/14	Kaven Klink 501 Herondo Dr. #36 90254	⊠IND □COM □OTH □PTY □SCC	Book Keeper Golden Heart Ranch	10000	100°°	
12/2/14	Joann Lach 521 31 St street 90254	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	5000	20000	
9/14/14	Juni Lange 632 Ardmore Ave. 90251	⊠IND □COM □OTH □PTY □SCC	Sales Electric	10000	100°°	_
7/12/14	Jeff Lankford 704 Loma Drive 90254	COM COM OTH PTY SCC	Engineer Aerospace Corp.	10000	10000	
12/2/14	gregory Less 505 8th street 90254	⊠IND □COM □OTH □PTY □SCC	President Treadstone Bevelopment LLC	2500	12500	_
SUBTOTAL\$ 375,00						

\*Contributor Codes

IND - Individual

COM - Reciplent Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Statement covers period from 7/1/19 CALIFORNIA 460 through 12/31/19 Page 15 of 37

StopHermosa Beach Oil - Committee Against Measure o						
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/2/14	Kievan Magee 1255 7th street 90254	COM COM OTH PTY SCC	COO Rallybound	10000	10000	
12/2/14	Allan Mason 625 Monterey BIVd 90254	IXIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Tewder Silvermason	10000	37500	
10/31/14	Joseph McCauley 501 Herondo # 47 90254	DIND COM OTH PTY SCC	Pilot Vivgin America	10000	10000	
9/14/14	Dency Nelson 2415 Silverstrand Ave 90254	MIND □COM □OTH □PTY □SCC	Retired	10000	87500	_
11/17/14	Dency Nelson 2415 Silverstrand Ave. 90254	IND COM OTH PTY	Retired	4000	91500	
SUBTOTAL\$ 440,00						

\*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/1/4 FORM 460

CALIFORNIA 460

Page 16 of 37

I.D. NUMBER

StopHermosa Beach Oil - Committee Against Measure O							
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/2/14	Tom Northup 632 9th street 90254	XIND COM OTH PTY SCC	Retired	10000	575 °6	_	
12/12/14	Tom Northup 632 9th street 90254	IND ☐COM ☐OTH ☐PTY ☐SCC	Retived	100 00	67560		
12/22/14	Tom Northup 632 9th street 90254	OTH PTY SCC	Retred	10000	77500		
12/16/14	Julie oakes 545 Cypress Ave. 90254	ZIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Oakes Architects	10000	10000	_	
8/24/14	Sharon Paul 1782 Valley Park Drive 90254	□ COM □ OTH □ PTY □ SCC	Retired	10000	10000		
	SUBTOTAL\$ 500 00						

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OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/1/4 CALIFORNIA 460

through 12/31/1/4 Page 17 of 37

I.D. NUMBER

StopHermosa Beach Oil - Committee Against Measure O						JMBER 346645
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/14	Sharon Paul 1782 Valley Park Drive 90254	EXIND COM OTH PTY SCC	Retired	57)00	150%	
9/7/14	Ronald Pizer 518 The Strand 90254	DIND COM OTH PTY SCC	Planning Commission HB Planning Commission	100000	100000	
11/16/14	RC Reznichek (Richard) 2234 The strand 90254	☐COM ☐OTH ☐PTY ☐SCC	Retired	50000	77500	_
9/14/14	James Rosenberger 1121 Bayview Drive 90254	□scc	OWNEY "Any" Laminating Service	15000	525 00	_
8/30/14	Betzy Ryan 95 17th street Apt A 90254	XUND COM OTH PTY SCC	Property MgR Betsy Ryan Real Estate	1000000	1000	
SUBTOTAL\$ 2700, 40						

\*Contributor Codes

IND - Individual

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/14 CALIFORNIA 460

through 12/31/14 Page 18 of 37
I.D. NUMBER

NAME OF FILER				through	+	Page 18 of 5 +	
StopHermosa Beach Oil - Committee Against Measure O						1.D. NUMBER 1346645	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC. :	DATE PER ELECTION AR TO DATE	
12/2/14	Betsy Ryan 95 17th street Apt A 90254	OTH	Properly mgk Betsy Ryan Rediestate	5000	105000	_	
10/25/14	Rob Saemann 1120 Loma prive 10254	COM COM OTH PTY SCC	General Contractor Rob Saemann	10000	10000	,	
10/21/14	Kenneth sarno 1040 10th Street 90254	□IND □COM □OTH □PTY □SCC	Retired	100 00.	100000		
142/14	Kenneth Sarno 1040 loth Street 90254	□IND □COM □OTH □PTY □SCC	Retired	100 00	20000		
12/12/14	Kenneth Sarno 1040 10th Street 90254	□IND □COM □OTH □PTY □SCC	Retired	25000	45000		
	SUBTOTAL\$ 600,80						

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PTY - Political Party

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SCHEDULE A (CONT.) Statement covers period CALIFORNIA FORM

StopHermosa Beach Oil-Committee Against Measure 0						JMBER 346645
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/14	Fenneth Sarno 1040 10th Street 90254		Retired	100000	1450°°	
7/15/14	Elaine Sarnoff 729 36th Street 90266	DUND COM OTH PTY SCC	Retired	10000	10000	
12/2/14	Seena Sharp 618 6th street 90254	□ COM □ OTH □ PTY □ SCC	Market-Intelligence Sharp Market Intelligence	(00°	375°°	
11/13/14	Charles Sheldon 1130 via Del Rey 93117	MIND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100 60	110000	_
12/2/14	Charles Sheldon 1130 Via Del Pey 93117	COM COM OTH PTY SCC	Retired	100000	210000	_
SUBTOTAL\$ 2300, 06						

\*Contributor Codes

IND - Individual

NAME OF FILER

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OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/14 CALIFORNIA 460

through 12/31/14 Page 20 of 37

I.D. NUMBER

StopHermosa Beach Oil-Committee Against Measure O						
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/14	90266	MIND COM OTH PTY SCC	Sales Director Teledyne Controls	10000	375°°	_
12/2/14	MUNK Shoemaker 600 North Poinsettia Ave 90266	MIND □COM □OTH □PTY □SCC	Sales Prector TeledyneControls	100 00	47500	_
11/15/14	Christine Skuken 2934 Hermosa Ave. 90254	DIND COM	Treelance Editor independent contractor	10000	10000	
12/16/14	Brian Slagel 5737 Kanaw Road #143 91301	COM COM DOTH PTY SCC	CEO metal Blade Record	100000	10000	_
9/14/14	Kathy sliff 854 Bard Street 90254	COM COM OTH PTY SCC	NUVSC Providence Little Company of Mary	50000	10000	-
			SUBTOTAL\$	900,00		

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OTH - Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA FORM Page \_ I.D. NUMBER

NAME OF FILER				through	-/	age _ L of _ ) T
StopHermosa Beach Oil- committee Against Measure O					1.	D. NUMBER 1346645
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 THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN, 1 - DEC. 31	R TODATE
12/2/14	Jeffrey Smith 2425 Silverstrand Ave. 90254	MIND □COM □OTH □PTY □SCC	President OCG	10000	100000	_
8/25/14	Lovetta sparks 616 8+4 Place 90254	MIND COM OTH PTY scc	LMIFT Loretta sparks, LMFT	10000	42500	)
11/18/14	St. Rocke 142 PCH 90254	□IND □COM □OTH □PTY □SCC	Local Business	262000	2620°	0
12/16/14	Stephanie Tallent 223 prospect Ave 90254	□scc	Vet Belmont Heights Animal Hospital	10000	10000	_
12/14/14	Robert Teer 125 monterey Blvd 90254	OTH SCC	Broker Associate South Bay Brokers	10000	10000	
SUBTOTAL\$ 3020, 40						

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/1/4 CALIFORNIA 460

through 12/31/1/4 Page 22 of 37

I.D. NUMBER

StopHermosa Beach Oil - Committee Against Measure O						
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/14	Momas Northup 632 9th street 90257	IND COM OTH PTY SCC	Retired	250 00	102500	
10/10/14	Stephen Vollucci Po Box 1249 90254	NIND □COM □OTH □PTY □SCC	Munager Cal state Properties	10000	10000	(
7/23/14	Kelly Waggoner 159 Via Los Miradores 90277	DIND COM OTH PTY SCC	Psychologist Kelly Waggoner, A Psychological Corp	100 00	10000	-
12/2/14	Richard Weil 638 Manhattan Ave 90254		President Richard Weil Inc	100 00	10000	_
1417/14	Douglas White 350 man hattan Ave 90054	MIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President Packers Sanitation	10000	100 00	
SUBTOTAL\$ 650, 00						

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/14 FORM 460

through 12/3/14 Page 23 of 37

I.D. NUMBER

Stop Her	Stop Hermosq Beach Oil - Committee Against Measure 0 1346645						
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 THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	TODATE	
12/4/14	Patricia Whitehead 610 North Poisettia Ne 90266	COM COM OTH PTY SCC	Retired	25000	25000		
12/12/14	Sidra Weider 618 Monterey Blud 90254	ZUND    COM    OTH    PTY    SCC	Retired	25D°°	25000	_	
8/25/14	Alisa Wyatt 1717 Monterey Blud 90254	MND COM OTH PTY SCC	Pilates Instructor Pilatesology	100 00	37500	,	
12/2/14	Alisa Wyatt 1717 Monterey Bludgosy	☑IND □COM □OTH □PTY □SCC	Pilates Instructor Pilatesology	2500	40000		
5		□IND □COM □OTH □PTY □SCC					
	SUBTOTAL\$ 625°0						

\*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE C Statement covers period **CALIFORNIA FORM** Page: I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CUMULATIVE TO AMOUNT/ PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE DATE ZIP CODE OF CONTRIBUTOR CODE \* GOODS OR SERVICES CALENDAR YEAR VALUE (IF SELF-EMPLOYED, ENTER (IF REQUIRED) RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) MD Dwner □COM \$ 100.00 Liphalm \$ 100 SIN-MIN LLC □PTY Manhattan Beach, CA 90266 □scc **□IND** Loca □COM 1524.55 \$118.50 1812 Sepulveda blud FAOTH BUSINESS □PTY Manhattan Beach, CA 90266 □SCC Art and Flowers □COM loca \$205.00 1403 Hermosa Ave. Д́ОТН O/Whid □PTY Business Hermosa Beach, CA 90254 □ SCC RENUMI Accupuncture ПСОМ Loia 11/15/14 **★**OTH □PTY Business Redondo Beach. CA 90277 □SCC SUBTOTAL \$ 713.50 Attach additional information on appropriately labeled continuation sheets.

#### Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (include all Schedule C subtotals.) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

IND - Individual

\*Contributor Codes

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

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

Statement covers period from 71114 Page 25 of 37

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER HermosaBeach Dil-Committee Against Measure O CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE \* GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) #JIND Prisperty Manager Easy □сом 17th Street Apt A **∏OTH** Reader PTY HermosaBcach, CA 90254 SCC **MIND** Beach \_\_COM 12/23/14 95 14th Street, AptA **□**OTH □PTY Hermosa Beach, CA 90254 □scc MIND Alex Smith Псом AVHWOVK \$300.00 508 Manhattan Ave. \$ 300.00 □ OTH □ PTY □SCC **₩**IND \_\_COM ATWOYL ПОТН A PSYChologica □PTY Hermosa Beach, CA 90254 □SCC

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1391.00

Sched	dule	C	Sum	marv
COLIC	uuic	•	Juin	III CAI Y

- Amount received this period itemized nonmonetary contributions.

  (Include all Schedule C subtotals.) ......\$

  \_\_\_\_\_\_\$
- 2. Amount received this period unitemized nonmonetary contributions of less than \$100 ......\$

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE C Statement covers period **CALIFORNIA FORM** Page I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER HermosaBeach Oil - Committee Against Measure O CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND CONTRIBUTOR PER ELECTION **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR TO DATE CODE \* GOODS OR SERVICES RECEIVED CALENDAR YEAR (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) MIND **Г**ТСОМ AVTWOVE 936 Loma Drive **□**OTH John Miller □PTY 1 A 90254 □SCC ZIND ГСОМ \$1350.00 □ OTH A Psychological □PTY SCC aborration Water COM \$500.00 Local 1001 Calle Amanecer **FZOTH** \$500 gear **PTY** San Clemente, CA 92673 Business □SCC E-Tech Boards □IND Custom □COM 1-0ca \$1000.00 13125 Yukon Ave. MTO N Shaped □ PTY Business Hawthorne, CA 90250 Surfboar □SCC SUBTOTAL \$ 2375,00 Attach additional information on appropriately labeled continuation sheets.

Sch	edule	CS	umm	ary
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١.	Amount received this period – itemized nonmonetary contributions.	
	(Include all Schedule C subtotals.)	S
2.	Amount received this period – unitemized nonmonetary contributions of less than \$100	

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ...... TOTAL \$

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

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

Statement covers period CALIFORNIA FORM

	CTIONS ON REVERSE				through_12	2/31/	14	Page 2	17 of 37
StopH	termosaBeach Dil-Committee	Against	Measure O					I.D. NUMB	1 ( ( )
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IE AN INDIVIDUAL ENTER	DESCRIPTION GOODS OR SERV	NOF FAIR	OUNT/ MARKET ALUE	CUMULAT DAT CALENDA (JAN 1 - E	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/15/14	E-Tech Boards 13125 Yukon Ave. Hawthorne, CA 90250	□IND □COM □COTH □PTY □SCC	Local Business	Custom shaped Surfboar	† 17	<sup>2</sup> 00. <sup>00</sup>	\$270(	). <sup>(0)</sup>	
		□IND □COM □OTH □PTY □SCC							
*		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	dditional information on appropriately label	led continuat	tion sheets.	SUBT	OTAL \$ 176	0000			
	le C Summary	v contribution	a a					ntributor Co Individual	

1.	. Amount received this period – itemized nonmonetary contributions.	
	(Include all Schedule C subtotals.)	\$
2.	. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$
3.	. Total nonmonetary contributions received this period.	

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

### Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

Type or print in ink.

Amounts may be rounded to whole dollars.

PRT

print ads

Statement covers period from 7/114 CALIFORNIA 460

through 12/3114 Page 28 of 37

I.D. NUMBER 134644

WEB information technology costs (internet, e-mail)

Stop Hermosa Beach Oil - Committee Against Measure O

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants meetings and appearances returned contributions CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees РНО phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER ID, NUMBER)

PAYPAL

2211 North First Street
San Jose, CA 95131

BUYShade. Com
461 Old Newport Blud
Newgort Blade, CA 92663

LB Industries
16209 Minnesota Ave
Paramount, CA 90723

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

from 7/1/14	FORM 460
through 12/31/14	Page 29 of 37
	13 46645

- Cummittee Against Measure O CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* ND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) PRO VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
MBX 610 Rosecrans Avenue Manhattan Beach, CA 90266	PRT	200 .00
Michael Collins 520 8th street Hermosa Black, CA 90254	MP	206.24
Simone Binder 640 Loma Drive Hermosa Beach, CA 90254	FND	207.85
Michael Binder 640 Luma Drive Hermosa Beach, CA 90254	AND .	250.00
MBX 610 ROSCCVANS AVE. Manhattan Beach, CA 90266	PRT	400.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1264 09

SEE INSTRUCTIONS ON REVERSE

ND

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

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA **FORM** from Page I.D. NUMBER

NAME OF FILER committee Against Measure O

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances contribution (explain nonmonetary)\* returned contributions CTB OFC office expenses SAL CVC civic donations petition circulating PET TEL Fil. candidate filing/ballot fees PHO phone banks FND

fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services

LEG legal defense professional services (legal, accounting) LIT campaign literature and mailings PRT print ads

campaign workers' salaries t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor TSF VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE		wcb information technology costs (internet, e-mail)			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
TIM framotions					
511 Northwest & 48th Terrace	CMP		1/(0.00		
ocala, FL 34482	C / V ( )		460.00		
Stacey Armato					
208 18th street	FND		472.67		
Hermosa Beach, CA 90254	FND		1/2,01		
Stephen Sammarco					
230'4 mathews Ave suite 4	CNS		1000 00		
Redondo Beach, CA 90278	[6,4]		1000.00		
Stephen Sammario					
2304 mathews Ave. Suite 4	CALC		1120-00		
Redondo Beach, CA 90278	[(//)]		1/25.		
stephen Sammarco					
	CALC		20000		
fedundo Beach, CA 90278	[C/V]		1389.		
2364 mathews Ave. Suite 4  Redondo Beach, CA 90278  Stephen Sammarco 2304 Mathews Ave. Suite 4	CNS CNS		1389.		

\* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)\* CTB OFC office expenses SAL CVC civic donations campaign workers' salaries PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundralsing events polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)\* ND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Easy Reader			
P.O. BOX 427 Hermosa Beach, CA 90254	PRT		1650.00
Buyshade.com			no.
161 Old Newport BIND. Newport Beach, CA 92663	CMP		1785.
LB Industries			
16209 Minnesota AVE. Paramount, CA 90723	CMP		2825.00
Stephen Sammarco			
2304 Mathews Ave. Suite 4 Redondo Beach, CA 90278	CNS		3/76.00
California Board of Equalization P.O. BOX 942879		Sales Tax for	
P.O. BOX 942879 Salvamento, CA 94279	(MP	Sales Tax for campaign merchandise	1824.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 11,260.00

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

SCHEDULE E (CONT.) Statement covers period **CALIFORNIA** 7/1/14

ayments made		from	FURIVI
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 12/31/14	Page 32 of 37
Stop Hermosa Beach oil - Cummittee Against			13 46645
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)*  MTG meetings of office exp office exp petition circ phone ban polling and polling and polling and postage, of postage, of postage, of the polling and postage, of the polling and postage, of the polling and postage, of the postage, of the postage, of the polling and postage, of the postage of the postage, of the postage	ommunications and appearances enses culating	RAD radio airtlme and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and proc TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
King graphics 8517 production Avenue San Diego, CA 92121	CMP		4961,50
The Sammareo group 2304 Mathews Ave. Suite 4 Redundo Beach CA 90278	CNS		2000.00
Stephen Sammarco 2304 Mathews Ave. Suite 4 Redondo Beach. (A 90278	CNS		1000.00
King graphics 8517 Production Ave san Diego CA 90212	CMP		778.63
Strumwasser and Woocher, LLP	1.50		

LF6

\* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

### Schedule F Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/14 Page Page

CALIFORNIA 460 FORM

ge 33 of 37

1.D. NUMBER

1346645

Stop Hermosa Beach Vil - Committee Against Measure D

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals FND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor ND voter registration legal defense professional services (legal, accounting) VOT LEG WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
California Board of Equalization P.O. Box 942879 Sacramento CA 94279	State Sales Tax for sale of Merchandise	1,824.00	774.78	1,824.00	774.78
King Graphics 8517 Production Avenue San Diego, CA 92121	Merchandise	4961.50	0	4961.50	-0-
The Sammarro group 2304 Mathews Ave Suite 4 Redondo Beach, CA 90278	Campargy Consultant	2000,00	0	2000.00	0
* Payments that are contributions or independent expenditures must also be		0 0000	2011 77	220+ 50	· 77.474

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ 8,785,50

\$ 774.78

8785.50

\$ 774.78

#### **Schedule F Summary**

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$  $\frac{-3}{\text{May be a negative number}}$ 

Schedule F	
(Continuation Sheet)	
Accrued Expenses (L	Jnpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/11/14

california 460

SCHEDULE F (CONT.)

Page 34 of 37

I.D. NUMBER

1346645

Stop Hermusa Beach Oil - Committee Against Measure O

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses
PET petition circulating

PEI petition circulating PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

through 14

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Sammarus group 23,04 mathews Ave Suite 4 Redondo Beach, CA 90278	Campaign Consultant	,0	11,030.00	7 <del>- 0</del>	11,030.00
	SUBTOTALS	\$ 6	s 11,030.°°	s 6	\$ 11,030.°°

### Schedule I Miscellaneous Increases to Cash

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

SCHEDULE I Statement covers period CALIFORNIA **FORM** 

Page 35 of 37 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER ermosa beach oil - Committee Against Measure D 346645 FULL NAME AND ADDRESS OF SOURCE RECEIVED AMOUNT OF DESCRIPTION OF RECEIPT INCREASE TO CASH (USSandra Giornali Silent Anction - Artwork 400,00 Silent Auction -Artwork Valley Drive 200,00 Beach. CA 90254 majone Merchandise -Via Montemar 120.00 2Banners, 1 Hat 90274 Cathenne Merchandise -Street 100.00 2 Banners Beach CA 90254 Merchandise-2415 Silverstrand Avenue 150,00 3 Banneres Hermosa Beach Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 970,00 Schedule I Summary 2045,00 1. Itemized increases to cash this period. 2. Unitemized increases to cash of under \$100 this period. 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....\$ 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the 

### Schedule I Miscellaneous Increases to Cash

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

Statement covers period om 71119 CALIFORNIA 460

			from 71119	FORM TOU
SEE INSTRUCTION	S ON REVERSE		through 12 31/14	Page 36 of 37
	mosa Beach Dil - Committee Against Me	easure D		1.D. NUMBER 1346645
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/15/14	Lori Pizer mains 518 The Strand Hermosa Beach, CA 90254	Silent A	-uction-Artwork	175.00
7/12/14	126 Loma Drive Hermosa Beach, CA 90254		andise – Tag	50.00
7/12/14	Jim Reynolds 726 Loma Prive Hermosa Beach, CA 90254		andise – Banner	50.00
11/15/14	Betsy Ryan 95 17th Street Hermosa Beach, OA 90254		hichin - Vtwonz	100.00
11/5/14	Betsy Ryan 95 17th street Hermosa Beach (A 90254	Meru	andise	85.00
Attach additi	onal information on appropriately labeled continuation sheets.		SUBTOTAL \$	460.00
<ol> <li>Unitemized</li> <li>Total of all in</li> <li>Total misce</li> </ol>	Summary creases to cash this period. increases to cash of under \$100 this period. nterest received this period on loans made to others. (Schedule H, Collianeous increases to cash this period. (Add Lines 1, 2, and 3. Enter Page, Line 14.)	umn (e).)	\$ \$	
_			, JIRL W	

### Schedule I Miscellaneous Increases to Cash

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460

SEE INSTRUCTIONS	ON REVERSE	through 12 / 31 / 14	Page 37 of 37
Stop He	rmusa Beach oil - Committee Against	Measure O	1.D. NUMBER 1346645
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/30/14	Rob Saemann 1120 Loma Drive Hermosa Beach (A 90254	merchandise 1 Banner, 2 Flags	195.00
11/15/14	(hristine Shuken 2934 Hermosa Nenve Hermosa Beach, CA 90254	Silent Auction - ATWORK	200.00
1/15/14	John Thuotte 840 Loma Drive Hermosa Beach CA 90254	menhandise- 3 sweatshirts	120.00
1/15/14	Allice Villalobos 1947 Manhattan Avenue Hermosa Beach, CA 90254	merchandise - 1 Plag	50.00
1/15/14	Alice Villalobos 1947 Manhattan Avenue Hermusa Beach, CA 90254	Silent Auction - Armork	50:00
Attach additio	onal information on appropriately labeled continuation sheets.	SUBTOTAL S	615.00
<ol> <li>Unitemized</li> <li>Total of all in</li> <li>Total miscel</li> </ol>	reases to cash this period. increases to cash of under \$100 this period. interest received this period on loans made to others. (Schedule H, Colulaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter heage, Line 14.)	mn (e).)\$ ere and on the	