

COPY

Type or print in ink.

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

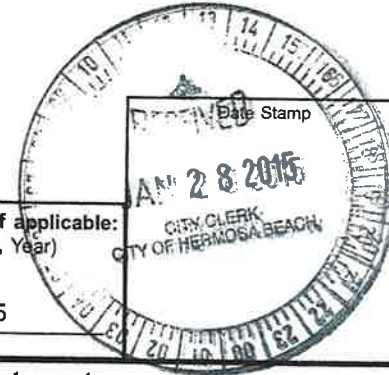
CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

Statement covers period from 1/1/15 through 1/17/15

Date of election if applicable: 3/3/15



SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

Correction to Summary Page; to carry forward amount from Line 9 to Line 19 per the instructions.

3. Committee Information

I.D. NUMBER 1346645

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Stop Hermosa Beach Oil - Committee Against Measure O

STREET ADDRESS (NO P.O. BOX)

275 Valley Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Hermosa Beach CA 90254 310-941-5437

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 988

CITY STATE ZIP CODE AREA CODE/PHONE
Hermosa Beach CA 90254 310-941-5437

OPTIONAL: FAX / E-MAIL ADDRESS

g.j.schmeltzer@att.net

Treasurer(s)

NAME OF TREASURER

George Schmeltzer

MAILING ADDRESS

275 Valley Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Hermosa Beach CA 90254 310-941-5437

NAME OF ASSISTANT TREASURER, IF ANY

Patti Sousa

MAILING ADDRESS

631 Loma Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Hermosa Beach CA 90254 310-447-1017

OPTIONAL: FAX / E-MAIL ADDRESS

4. 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 on 1/28/15 Date

Executed on 1/28/15 Date

Executed on Date

Executed on Date

By George Schmeltzer Signature of Treasurer or Assistant Treasurer

By Stacey Armato Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 3

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

Ballot Measure O - Oil Drilling/Production Project

BALLOT NO. OR LETTER O	JURISDICTION Hermosa Beach	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY \_\_\_\_\_

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>1/1/15</u>	<b>CALIFORNIA FORM 460</b>
through <u>1/17/15</u>	
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>1346645</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 16,365.00	\$ 16,365.00
2. Loans Received ..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 16,365.00	\$ 16,365.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	214.00	214.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 16,579.00	\$ 16,579.00

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ 12,459.77	\$ 12,459.77
7. Loans Made ..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 12,459.77	\$ 12,459.77
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	2,577.10	2,577.10
10. Nonmonetary Adjustment ..... Schedule C, Line 3	214.00	214.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 12,250.87	\$ 12,250.87

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 48,450.11
13. Cash Receipts ..... Column A, Line 3 above	16,365.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	795.00
15. Cash Payments ..... Column A, Line 8 above	12,459.77
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 53,150.34

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ 0
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 2577.10

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in **COPY**

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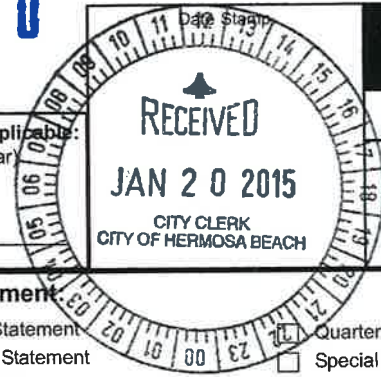
CALIFORNIA FORM **460**

Page 1 of 24

For Official Use Only

Statement covers period  
from 1/1/15  
through 1/17/15

Date of election if applicable:  
(Month, Day, Year)  
3/3/15



SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
*(Also Complete Part 5)*
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- 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 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER 1346645

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Stop Hermosa Beach oil -  
Committee Against Measure O

STREET ADDRESS (NO P.O. BOX)

275 Valley Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
Hermosa Beach CA 90254 310 941 5437

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 988

CITY STATE ZIP CODE AREA CODE/PHONE  
Hermosa Beach CA 90254 310 941 5437

OPTIONAL: FAX / E-MAIL ADDRESS

g.j. schmeltzer @ att.net

**Treasurer(s)**

NAME OF TREASURER

George Schmeltzer

MAILING ADDRESS

275 Valley Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
Hermosa Beach CA 90254 310 941 5437

NAME OF ASSISTANT TREASURER, IF ANY

Path Sousa

MAILING ADDRESS

631 Loma Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
Hermosa Beach CA 90254 310 447 1017

OPTIONAL: FAX / E-MAIL ADDRESS

**4. 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 on 1/19/15  
Date  
Executed on 1/19/15  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By George Schmeltzer  
Signature of Treasurer or Assistant Treasurer  
By Stacey Armato  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	<b>460</b>
Page <u>2</u> of <u>24</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
Ballot Measure 0 - Oil Drilling/Production Project

BALLOT NO. OR LETTER <u>0</u>	JURISDICTION <u>Hermosa Beach</u>	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
----------------------------------	--------------------------------------	--

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>24</u>
	I.D. NUMBER <u>1346645</u>

SEE INSTRUCTIONS ON REVERSE

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

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>16,365.00</u>	\$ <u>16,365.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>16,365.00</u>	\$ <u>16,365.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>214.00</u>	\$ <u>214.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>16,579.00</u>	\$ <u>16,579.00</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>12,459.77</u>	\$ <u>12,459.77</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>12,459.77</u>	\$ <u>12,459.77</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>2,577.10</u>	\$ <u>2,577.10</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>214.00</u>	\$ <u>214.00</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>12,250.87</u>	\$ <u>12,250.87</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>1/1</u>	\$ _____
<u>1/1</u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>48,450.11</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>16,365.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>795.00</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>12,459.77</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>53,150.34</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See Instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1/1/15	
through	1/17/15	Page 4 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Stop Hermosa Beach Oil - Committee Against Measure O</b>	I.D. NUMBER <b>1346645</b>
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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	Denise Anello 530 24th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor 3 Leaf Realty	200.00	200.00	—
1/6/15	Michael Bailey 654 7th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales vmware	200.00	200.00	—
1/6/15	Tracy Bercu 641 Loma Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Tracy E. Bercu MD, Inc.	200.00	200.00	—
1/4/15	Matthew Berger 551 2nd Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Product Manager Herbalife	200.00	200.00	—
1/3/15	Claudia Berman 443 2nd Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales oracle	100.00	100.00	—

**SUBTOTAL \$ 900.00**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 16,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 365.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 16,365.00**

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>24</u>

NAME OF FILER <u>Stop Hermosa Beach Oil - Committee Against Measure O</u>	I.D. NUMBER <u>1346645</u>
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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	Dave Brown 1525 Goodman Avenue 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cost Analyst Tecalote Research	200. <sup>00</sup>	200. <sup>00</sup>	—
1/3/15	Craig Cadwallader PO Box 3825 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chair Surfrider Foundation	100. <sup>00</sup>	100. <sup>00</sup>	—
1/3/15	R. Douglas Collins 548 2nd Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Labor Arbitrator + mediator R. Douglas Collins, Arbitrator	200. <sup>00</sup>	200. <sup>00</sup>	—
1/6/15	Michael Collins 520 8th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist A Psychological Corporation	300. <sup>00</sup>	300. <sup>00</sup>	—
1/7/15	Debra Cucci 1127 6th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychotherapist Debra Cucci, MFT	200. <sup>00</sup>	200. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>1000.<sup>00</sup></u>		

\*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



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>24</u>

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

I.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)
1/6/15	Rosamond D'Orlac 285 West 6th Street #212 90731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	50. <sup>00</sup>	50. <sup>00</sup>	—
1/6/15	Peter Ellis 1037 Sunset Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Northrup Grumman	200. <sup>00</sup>	200. <sup>00</sup>	—
1/6/15	Stacey Fishman 25 18th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	200. <sup>00</sup>	200. <sup>00</sup>	—
1/6/15	Scott Franz 642 7th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Pierside Realty	100. <sup>00</sup>	100. <sup>00</sup>	—
1/7/15	Katherine Fumia 1205 19th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Pandora	200. <sup>00</sup>	200. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>750.<sup>00</sup></u>		

\*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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>24</u>
I.D. NUMBER <u>1346645</u>	

NAME OF FILER

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)
1/7/15	Karen Klink 501 Herondo #36 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bookkeeper GoldenHeart Ranch	200. <sup>00</sup>	200. <sup>00</sup>	—
1/5/15	Claudia Lindwall 628 Porter Lane 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100. <sup>00</sup>	100. <sup>00</sup>	—
1/6/15	Sheryl Main 1618 Palm Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Publicity + Marketing Consultant Main1 Communications	100. <sup>00</sup>	100. <sup>00</sup>	—
1/8/15	Allan Mason 625 Monterey Blvd. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner/Jeweler Silvermason	200. <sup>00</sup>	200. <sup>00</sup>	—
1/2/15	Justin Massey 848 Bard Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Miller and Axline	250. <sup>00</sup>	250. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<b>850.<sup>00</sup></b>		

\*Contributor Codes

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 (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>24</u>

NAME OF FILER <u>Stop Hermosa Beach Oil - Committee Against Measure O</u>	I.D. NUMBER <u>1346645</u>
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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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Meylan, Davitt, Jain Arevian + Kim LLP	200. <sup>00</sup>	200. <sup>00</sup>	—
1/5/15	Jay Moriarty 42 8th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer/Producer Antler Productions	200. <sup>00</sup>	200. <sup>00</sup>	—
1/1/15	Gerard Mullins 631 Sunset Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Computershare	100. <sup>00</sup>	100. <sup>00</sup>	—
1/3/15	Thomas Northup 632 9th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200. <sup>00</sup>	200. <sup>00</sup>	—
1/4/15	David Pederson 2033 Hillcrest Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Independent Contractor	200. <sup>00</sup>	200. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>900.<sup>00</sup></u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>24</u>

NAME OF FILER <u>Stop Hermosa Beach Oil - Committee Against Measure O</u>	I.D. NUMBER <u>1346645</u>
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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)
1/3/15	Claudia Prenter 625 Loma Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co-owner Prenter Design Group	200. <sup>00</sup>	200. <sup>00</sup>	—
1/4/15	Carol Reid 1206 Carriage Drive 14052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	100. <sup>00</sup>	100. <sup>00</sup>	—
1/5/15	J.R. Reviczky 600 Ardmore Ave 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000. <sup>00</sup>	1000. <sup>00</sup>	—
1/3/15	Carol Reznichuk 2234 The Strand 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychotherapist Carol Reznichuk MFT	200. <sup>00</sup>	200. <sup>00</sup>	—
1/6/15	Gavin Rubin 2608 183 <sup>rd</sup> street 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior VP Attorney Network Services	100. <sup>00</sup>	100. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>1600.<sup>00</sup></u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>24</u>

NAME OF FILER <u>Stop Hermosa Beach Oil - Committee Against Measure O</u>	I.D. NUMBER <u>1346645</u>
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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	Ingrid Geidt 803 Bard street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tax consultant Vaco Resources	200. <sup>00</sup>	200. <sup>00</sup>	—
1/7/15	Jon Hollosi 117 Monterey Blvd. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER Tails Gone Wild	100. <sup>00</sup>	100. <sup>00</sup>	—
1/7/15	Andrea Hutter 584 33rd street 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accupuncturist Achieve Accupuncture	200. <sup>00</sup>	200. <sup>00</sup>	—
1/6/15	Bruce Jaffie 1534 Palm Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher LAVSD	100. <sup>00</sup>	100. <sup>00</sup>	—
1/8/15	Morgan Jensen 854 Bard street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staffer PROvidence Lite Company of Mary	100. <sup>00</sup>	100. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>700.<sup>00</sup></u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>24</u>
NAME OF FILER <u>Stop Hermosa Beach Oil - Committee Against Measure 0</u>	
I.D. NUMBER <u>1346645</u>	

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)
1/3/15	Kenneth Sarno 1040 10th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200. <sup>00</sup>	200. <sup>00</sup>	—
1/7/15	Matt Schaub 700 7th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President RGR Marketing	200. <sup>00</sup>	200. <sup>00</sup>	—
1/4/15	George Schmeltzer 275 Valley Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200. <sup>00</sup>	200. <sup>00</sup>	—
1/5/15	Andre Sharp 618 6th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Sharp Information	200. <sup>00</sup>	200. <sup>00</sup>	—
1/6/15	Charles Sheldon 1800 The Strand 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200. <sup>00</sup>	200. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>1000.<sup>00</sup></u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in Ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>24</u>

NAME OF FILER <u>Stop Hermosa Beach Oil - Committee Against Measure O</u>	I.D. NUMBER <u>1346645</u>
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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)
1/8/15	Kathy Sliff 891 Bard street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Providence Little Company of Mary	100. <sup>00</sup>	100. <sup>00</sup>	—
1/5/15	Mark Shoemaker 600 N. Poinsettia Ave 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Teledyne	200. <sup>00</sup>	200. <sup>00</sup>	—
1/6/15	Loretta Sparks 616 8th place 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychotherapist Loretta Sparks, LMFT Counseling	200. <sup>00</sup>	200. <sup>00</sup>	—
1/7/15	Brenton Spies 1233 N. Detroit St. #9 90246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Research Biologist UCLA	200. <sup>00</sup>	200. <sup>00</sup>	—
1/4/15	Philippe Taranto 639 Palm Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Private Equity Fund	100. <sup>00</sup>	100. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>800.<sup>00</sup></u>		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>29</u>

NAME OF FILER <u>Stop Hermosa Beach Oil - Committee Against Measure 0</u>	I.D. NUMBER <u>1346645</u>
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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)
1/4/15	Kathy Zimmerman 3123 Monticito meadow Drive 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	200. <sup>00</sup>	200. <sup>00</sup>	—
1/13/15	Paul Barker 732 Loma Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500. <sup>00</sup>	500. <sup>00</sup>	—
1/8/15	Betty Lou Bender 2831 The Strand 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100. <sup>00</sup>	100. <sup>00</sup>	—
1/12/15	David Brunner 2434 manhattan Ave. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vet Broad Ripple Animal clinic	300. <sup>00</sup>	300. <sup>00</sup>	—
1/12/15	Tom Cartek 240 monterey Blvd 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Marina Graphics Inc.	200. <sup>00</sup>	200. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>1300.<sup>00</sup></u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>14</u> of <u>24</u>
I.D. NUMBER <u>1346645</u>	

NAME OF FILER

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)
<u>1/15/15</u>	<u>Linda Campbell 826 Loma Drive #A 90254</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Admin Specialist UCLA</u>	<u>200.<sup>00</sup></u>	<u>200.<sup>00</sup></u>	<u>—</u>
<u>1/14/15</u>	<u>Julie Christensen 446 Monterey Blvd Apt F2 90254</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Realtor South Bay Brokers</u>	<u>200.<sup>00</sup></u>	<u>200.<sup>00</sup></u>	<u>—</u>
<u>1/15/15</u>	<u>Anna Cox 701 Monterey Blvd #1 90254</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Teacher LAUSD</u>	<u>100.<sup>00</sup></u>	<u>100.<sup>00</sup></u>	<u>—</u>
<u>1/11/15</u>	<u>Randy Firestone 831 20th Street 90254</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Philosophy Professor El Camino College</u>	<u>100.<sup>00</sup></u>	<u>100.<sup>00</sup></u>	<u>—</u>
<u>1/11/15</u>	<u>Vanessa Fix 632 7th Street 90254</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Senior Project Analyst EPIC Providence Health and Services</u>	<u>100.<sup>00</sup></u>	<u>100.<sup>00</sup></u>	<u>—</u>
<b>SUBTOTAL \$</b>				<u>700.<sup>00</sup></u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>15</u> of <u>24</u>

NAME OF FILER: Stop Hermosa Beach Oil - Committee Against Measure O I.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)
1/11/15	Scott Gimple 654 8th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Executive Director American Youth Soccer Org	200. <sup>00</sup>	200. <sup>00</sup>	—
1/6/15	Janet Hallgren 1254 20th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100. <sup>00</sup>	100. <sup>00</sup>	—
1/15/15	Dan Harmon 2223 Manhattan Avenue 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200. <sup>00</sup>	200. <sup>00</sup>	—
1/12/15	Jill Hewes 126 Monterey Blvd 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	QA Specialist Westside Regional Center	100. <sup>00</sup>	100. <sup>00</sup>	—
1/12/15	Nick Hogan 630 3rd Street #4 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Manager Escape Communications	100. <sup>00</sup>	100. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<b>700.<sup>00</sup></b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>16</u> of <u>29</u>

NAME OF FILER <u>Stop Hermosa Beach Oil - Committee Against Measure O</u>	I.D. NUMBER <u>1346645</u>
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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)
1/14/15	Amanda Hunter 1073 Monterey Blvd 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President CA map Art Company LLC	100. <sup>00</sup>	100. <sup>00</sup>	—
1/12/15	Steve Izant 726 Elvira Ave Unit B 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100. <sup>00</sup>	100. <sup>00</sup>	—
1/13/15	Dennis Jarvis 591 18th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER Spyder Surf	200. <sup>00</sup>	200. <sup>00</sup>	—
1/13/15	Sally Jones 78 The Strand 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100. <sup>00</sup>	100. <sup>00</sup>	—
1/14/15	Gabor Kossuth 440 31st Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300. <sup>00</sup>	300. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>800.00</u>		

\*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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>17</u> of <u>24</u>
I.D. NUMBER <u>1346645</u>	

NAME OF FILER  
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)
1/13/15	Joann Lach 521 31st street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100. <sup>00</sup>	100. <sup>00</sup>	—
1/10/15	Ian Lee-Levitin 760 monterey Blvd 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200. <sup>00</sup>	200. <sup>00</sup>	—
1/11/15	Mike Longacre 1302 Ocean Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner @mikesguitar parlor	200. <sup>00</sup>	200. <sup>00</sup>	—
1/13/15	Jennifer Luria 540 21st street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO sky River stone	100. <sup>00</sup>	100. <sup>00</sup>	—
1/14/15	Jess Lurie 802 monterey Blvd. Apt 5 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor The Waters Edge with Keller Williams	100. <sup>00</sup>	100. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>700.00</u>		

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>18</u> of <u>24</u>
I.D. NUMBER <u>1346645</u>	

NAME OF FILER  
Stop Hermosa Beach Oil - Committee Against Measure 0

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)
1/13/15	Aileen Martin 329 31st Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100. <sup>00</sup>	100. <sup>00</sup>	—
1/11/15	Anicia Mendez 637 35th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director Janus Capital	100. <sup>00</sup>	100. <sup>00</sup>	—
1/13/15	Eyal Mintz 31234 Palos Verdes Drive West 90275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder + CEO Fan Interactive media	1000. <sup>00</sup>	1000. <sup>00</sup>	—
1/9/15	Dency Nelson 2415 Silverstrand Ave 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200. <sup>00</sup>	200. <sup>00</sup>	—
1/14/15	Tom Nyman 1040 Manhattan Ave 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200. <sup>00</sup>	200. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>1600.<sup>00</sup></u>		

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>19</u> of <u>24</u>
I.D. NUMBER <u>1346645</u>	

NAME OF FILER  
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)
1/13/15	Michelle Orsi 703 4th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing + PR Three. sixty communications Corp	100. <sup>00</sup>	100. <sup>00</sup>	—
1/16/15	Henry Padgett 1225 14th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Cardinal Health	200. <sup>00</sup>	200. <sup>00</sup>	—
1/14/15	Michael Phillips Jr. 1010 Ardmore Ave. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Filmmaker CA.	200. <sup>00</sup>	200. <sup>00</sup>	—
1/12/15	Miyo Prassas 1753 Valley Park Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bookkeeper Prassas Metal Products	200. <sup>00</sup>	200. <sup>00</sup>	—
1/15/15	J.R. Keviczky 600 Ardmore Ave. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200. <sup>00</sup>	1,200. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>900.00</u>		

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>20</u> of <u>24</u>

NAME OF FILER  
Stop Hermosa Beach Oil - Committee Against Measure 0

I.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)
1/10/15	Marie Rice 301 25th street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	200. <sup>00</sup>	200. <sup>00</sup>	—
1/9/15	Elise Robins 2914 Hermosa view drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	200. <sup>00</sup>	200. <sup>00</sup>	—
1/14/15	Sharon Rosenberger 1121 Bayview Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Any Laminating Service, Inc.	200. <sup>00</sup>	200. <sup>00</sup>	—
1/15/15	John Thoutte 840 Loma Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Blackridge Technology	200. <sup>00</sup>	200. <sup>00</sup>	—
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				—

SUBTOTAL \$ 800.<sup>00</sup>

\*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

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period  
from 1/1/15  
through 1/17/15

**CALIFORNIA  
FORM 460**

Page 21 of 24

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1346645

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>1/3/15</u>	<u>Manhattan Bread and Bagel 1812 N. Sepulveda Blvd 90266</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Local Business</u>	<u>Bagels + coffee</u>	<u>59.25</u>	<u>59.25</u>	<u>—</u>
<u>1/10/15</u>	<u>Manhattan Bread and Bagel 1812 N. Sepulveda Blvd 90266</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Local Business</u>	<u>Bagels + coffee</u>	<u>104.75</u>	<u>164.00</u>	<u>—</u>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ 164.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 50.00
- 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 \$** 214.00

\*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



**Schedule E  
Payments Made**

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

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	1/1/15	Page	22 of 24
through	1/17/15	I.D. NUMBER	1346645

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.

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
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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paypal 2211 North First street San Jose CA 95131	OFC		178.59
Stephen Sammarco 2304 Mathews Ave Suite 4 Redondo Beach, CA 90278	CNS		1000.00
Stephen Sammarco 2304 Mathews Ave Suite 4 Redondo Beach, CA 90278	CNS		11,030.00

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

SUBTOTAL \$ 12,208.59

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ 12,208.59
2. Unitemized payments made this period of under \$100 .....	\$ 251.18
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$ 12,459.77</b>

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

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1/1/15	
through	1/17/15	Page <u>23</u> of <u>24</u>
NAME OF FILER		I.D. NUMBER
Stop Hermosa Beach oil - Commi Hee Against Measure O		1346645

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**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	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 Suite 4 Redondo Beach, CA 90278	CNS	11,030. <sup>00</sup>	8098. <sup>00</sup>	11,030. <sup>00</sup>	8098. <sup>00</sup>
California State Board of Equalization P.O. Box 942879 Sacramento, CA 94279	OFC	774.78	0	0	774.78

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

**SUBTOTALS \$ 11,030.<sup>00</sup> \$ 8452.90 \$ 11,030.<sup>00</sup> \$**

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$ 8,452.90**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$ 11,030.<sup>00</sup>**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$ 2,577.<sup>10</sup>**  
May be a negative number

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>1/1/15</u> through <u>1/17/15</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>24</u> of <u>24</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

I.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

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

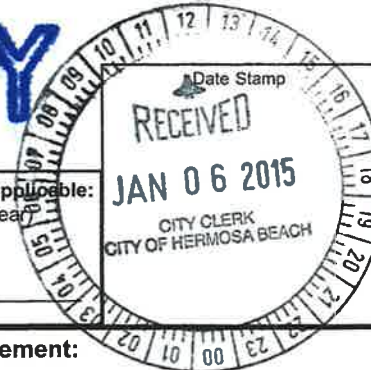
1. Itemized increases to cash this period. ....	\$ <u>0</u>
2. Unitemized increases to cash of under \$100 this period. ....	\$ <u>795.00</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....	\$ <u>0</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	<b>TOTAL \$</b> <u>795.00</u>

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

**COPY**



Scanned

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 7  
For Official Use Only

Statement covers period  
from 1/1/2014  
through 6/30/2014

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled  
(Also Complete Part 6)
  - Sponsored
- 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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

Correct Schedules A & C to correct cumulative total. Previous filing combined Sch A + C totals for these individuals and should have been treated separately

**3. Committee Information**

I.D. NUMBER  
1346645

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Stop Hermosa Beach oil

STREET ADDRESS (NO P.O. BOX)

275 Valley Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Hermosa Beach CA 90254 310 941 5437

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 988

CITY STATE ZIP CODE AREA CODE/PHONE

Hermosa Beach CA 90254 310 941 5437

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

George Schmeltzer

MAILING ADDRESS

275 Valley Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Hermosa Beach, CA 90254 310 941 5437

NAME OF ASSISTANT TREASURER, IF ANY

Patricia Sousa

MAILING ADDRESS

631 Loma Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Hermosa Beach CA 90254 310 447 1017

OPTIONAL: FAX / E-MAIL ADDRESS

**4. 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 on 1/5/15  
Date

By George Schmeltzer  
Signature of Treasurer or Assistant Treasurer

Executed on 1/5/15  
Date

By Stacey Annato  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2</u> of <u>7</u>	I.D. NUMBER <u>1346645</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil

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)
4/1/14	Jose Bacallao 2910 Hermosa View Dr. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	operations Manager Santa Monica Pier Aquarium	550. <sup>00</sup>	550. <sup>00</sup>	—
4/3/14	Claudia Berman 443 2nd street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales oracle	150. <sup>00</sup>	150. <sup>00</sup>	—
4/13/14	Michael Collins 520 8th street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist A Psychological corporation	275. <sup>00</sup>	275. <sup>00</sup>	—
4/2/14	Matt Fojut 663 30th street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	general council Intelligent Beauty	275. <sup>00</sup>	275. <sup>00</sup>	—
4/1/14	Arcadia Keene 24 7th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Coolfire	275. <sup>00</sup>	275. <sup>00</sup>	—
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	11/1/14	
through	12/31/14	Page <u>3</u> of <u>7</u>
NAME OF FILER <u>Stop Hermosa Beach Oil</u>		I.D. NUMBER <u>1346645</u>

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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeweler Silvermason	275 <sup>00</sup>	275 <sup>00</sup>	-
3/27/14	Lael Stabler 66 18th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	275 <sup>00</sup>	425 <sup>00</sup>	-
5/20/14	Renee Stauffer PO BOX 1946 90267	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer 3.17 productions LLC	50 <sup>00</sup>	700 <sup>00</sup>	-
4/14/14	Tim Wheeler 434 30th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Film Maker S Corp Borrowed Tune Inc	275 <sup>00</sup>	275 <sup>00</sup>	-
4/25/14	Timothy Wheeler 225 North Poinsettia Ave. 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Greene, Broillet + Wheeler	275 <sup>00</sup>	275 <sup>00</sup>	-
<b>SUBTOTAL \$</b>						

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>7</u>
	I.D. NUMBER <u>1346645</u>

NAME OF FILER Stop Hermosa Beach Oil

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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Pilatesology.com	275 <sup>00</sup>	275 <sup>00</sup>	—
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>7</u>	I.D. NUMBER <u>1346645</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/10/14	Arcadia Keane 24 7th Street Hermosa Beach, 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Coolfire	Wine	105 <sup>00</sup>	105 <sup>00</sup>	—
5/10/14	Alisa Wyatt Fitness 1717 Monterey Blvd 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a	1 yr Subscription/ pilatesology	350 <sup>00</sup>	350 <sup>00</sup>	—
5/10/14	Allan Mason 625 Monterey Blvd 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeweler silvermason	Necklace and Earrings	225 <sup>00</sup>	225 <sup>00</sup>	—
5/10/14	Claudia Berman 443 2nd St. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales oracle	Acrylic Painting	900 <sup>00</sup>	900 <sup>00</sup>	—
<b>Attach additional information on appropriately labeled continuation sheets.</b>					<b>SUBTOTAL \$</b>		

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 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  
SCC – Small Contributor Committee



**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1/1/14</u> through <u>12/31/14</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>6</u> of <u>7</u>
		I.D. NUMBER <u>1346645</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Stop Hermosa Beach Oil

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/10/14	Jose Bacallao 2910 Hermosa View Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations Mgr Santa Monica Pier Aquarium	Wine	700 <sup>00</sup>	700 <sup>00</sup>	—
5/10/14	Lael Stabler 66 18th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	4 Hollywood Bowl Tickets	394 <sup>00</sup>	394 <sup>00</sup>	—
5/10/14	Matt Fojut 2301 Rosecrans Avenue 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	general council Intelligent Beauty Inc	Workout basket	1500 <sup>00</sup>	1500 <sup>00</sup>	—
5/10/14	Michael Collins 520 8th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist A Psychological Corporation	Acrylic Painting	500 <sup>00</sup>	500 <sup>00</sup>	—
Attach additional information on appropriately labeled continuation sheets.					<b>SUBTOTAL \$</b>		

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 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  
SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>7</u>
I.D. NUMBER <u>1346645</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Stop Hermosa Beach Oil

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/10/14	Renee Stautter 2906 Hermosa View Dr. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer 3.17 Productions LLC	Movie Basket	350 <sup>00</sup>	625 <sup>00</sup>	—
5/10/14	Tim Wheeler 434 30th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Film Maker S Corp Borrowed Time Inc	Jack Johnson tickets	400 <sup>00</sup>	400 <sup>00</sup>	—
5/10/14	Timothy Wheeler 225 N. Poinsettia Ave 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Greene, Broillet + Wheeler	3 nights in mammoth	2000 <sup>00</sup>	4300 <sup>00</sup>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
Attach additional information on appropriately labeled continuation sheets.					<b>SUBTOTAL \$</b>		

**Schedule C Summary**

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

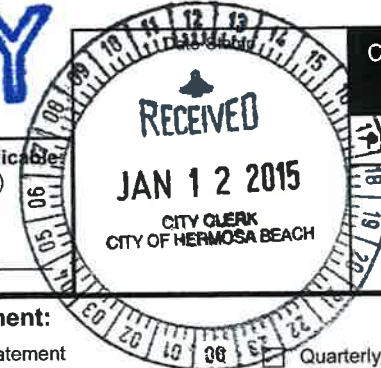
\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

**COPY**



CALIFORNIA FORM **460**

Page \_\_\_\_\_ of 37

Statement covers period  
from 7/1/14  
through 12/31/14

Date of election if applicable  
(Month, Day, Year)  
3/3/15

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- Officerholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled  
(Also Complete Part 6)
  - Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/ Officerholder 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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1346645

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Stop Hermosa Beach Oil-  
Committee Against Measure D

STREET ADDRESS (NO P.O. BOX)

275 Valley Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
Hermosa Beach, CA 90254 310 941 5437

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 978

CITY STATE ZIP CODE AREA CODE/PHONE  
Hermosa Beach CA 90254 310 941 5437

OPTIONAL: FAX / E-MAIL ADDRESS

g.j.schmeltzer@att.net

**Treasurer(s)**

NAME OF TREASURER

George Schmeltzer

MAILING ADDRESS

275 Valley Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
Hermosa Beach CA 90254 310 941 5437

NAME OF ASSISTANT TREASURER, IF ANY

Patti Sousa

MAILING ADDRESS

631 Loma Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
Hermosa Beach CA 90254 310 447 1017

OPTIONAL: FAX / E-MAIL ADDRESS

**4. 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 on 1/9/15  
Date  
Executed on 1/9/15  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By George Schmeltzer  
Signature of Treasurer or Assistant Treasurer  
By Stacey Armato  
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	<b>460</b>
Page <u>2</u> of <u>37</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
*Ballot Measure 0 - Oil/Drilling/Production Project*

BALLOT NO. OR LETTER <i>0</i>	JURISDICTION <i>Hermosa Beach</i>	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
----------------------------------	--------------------------------------	--

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>37</u>
I.D. NUMBER <u>1346645</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>32,579.00</u>	\$ <u>68,547.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>32,579.00</u>	\$ <u>68,547.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>6,666.75</u>	\$ <u>37,039.75</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>39,245.75</u>	\$ <u>105,586.75</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>31,951.00</u>	\$ <u>70,247.70</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>31,951.00</u>	\$ <u>70,247.70</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>(3,019.28)</u>	\$ <u>2787.83</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>6,666.75</u>	\$ <u>37,039.75</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>35,598.47</u>	\$ <u>110,075.29</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>38,833.47</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>32,579.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>8,988.64</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>31,951.00</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>48,450.11</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>37</u>
I.D. NUMBER <u>1346645</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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)
12/13/14	David Adler 943 15th Place Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EVP Dynasty	\$250.00	\$250.00	—
11/15/14	Christopher Angelo 1955 Bayview Drive Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Angelo + Demonda	\$500.00	\$500.00	—
9/14/14	Jose Bacallao 2910 Hermosa View Drive Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologist Heal the Bay	\$140.00	\$690.00	—
9/14/14	Jose Bacallao 2910 Hermosa View Drive Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologist Heal the Bay	\$250.00	\$940.00	—
11/15/14	Michael Bailey 654 7th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales VMWare	\$40.00	\$40.00	—
<b>SUBTOTAL \$</b>				<u>1180.00</u>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 22,225.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 10,354.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 32,579.00

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>37</u>

NAME OF FILER

stop Hermosa Beach oil - Committee Against Measure O

I.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)
12/15/14	Michael Bailey 654 7th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales VMWare	\$1000.00	\$1040.00	—
11/12/14	Joan Bell 1089 10th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	—
12/3/14	Joan Bell 1089 10th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250.00	\$350.00	—
12/27/14	Joan Bell 1089 10th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$450.00	—
8/25/14	Claudia Berman 443 2nd Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales oracle	\$50.00	\$200.00	—
<b>SUBTOTAL \$</b>				<u>1500.00</u>		

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(other than PTY or SCC)  
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM <b>460</b>
from <u>7/1/14</u>		
through <u>12/31/14</u>		Page <u>6</u> of <u>37</u>
NAME OF FILER		I.D. NUMBER
<u>Stop Hermosa Beach oil - Committee Against Measure O</u>		<u>1346645</u>

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)
9/14/14	Claudia Berman 443 2nd Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales oracle	\$80.00	\$280.00	—
12/2/14	Claudia Berman 443 2nd Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales oracle	\$25.00	\$305.00	—
12/12/14	Claudia Berman 443 2nd Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales oracle	\$50.00	\$355.00	—
9/4/14	Ruth Ann Binder 5256 James Avenue Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Life Coach Binder consulting	\$100.00	\$100.00	—
12/19/14	Robert Blair 635 11th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President + CEO Opex Technologies Inc.	\$100.00	\$100.00	—
<b>SUBTOTAL \$</b>				<u>355.00</u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>37</u>
I.D. NUMBER <u>1346645</u>	

NAME OF FILER  
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)
12/23/14	Jennifer Buchsbaum 1524 Prospect Avenue Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER JLynn Jewelry	\$250. <sup>00</sup>	\$250. <sup>00</sup>	—
12/26/14	George Buckley 125 25th street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250. <sup>00</sup>	\$250. <sup>00</sup>	—
12/2/14	Bonnie Cohn 2222 The Strand Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100. <sup>00</sup>	\$250. <sup>00</sup>	—
12/2/14	R. Douglas Collins 548 2nd street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Labor Arbitrator R. Douglas Collins, Arbitrator	\$100. <sup>00</sup>	\$575. <sup>00</sup>	—
12/2/14	Donald Croley PO Box 886 Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$25. <sup>00</sup>	\$25. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>725.00</u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>37</u>

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.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)
12/21/14	Donald Croley PO Box 886 Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1000. <sup>00</sup>	\$1025. <sup>00</sup>	—
12/2/14	Susan Darcy 502 The Strand Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	\$100. <sup>00</sup>	\$375. <sup>00</sup>	—
8/27/14	Leslie Davis 115 Geneva Walk Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychotherapist Leslie Davis Psychotherapy	\$100. <sup>00</sup>	\$100. <sup>00</sup>	—
9/29/14	Gina DeRosa 512 Loma Drive Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA gina DeRosa CPA, PC	\$100. <sup>00</sup>	\$375. <sup>00</sup>	—
12/10/14	Jan Dietrick 108 Orchard Drive Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Rincon Vitova Insectaries, Inc	\$500. <sup>00</sup>	\$500. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>1800.<sup>00</sup></u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>9</u> of <u>37</u>	I.D. NUMBER <u>1346645</u>

NAME OF FILER

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)
8/25/14	Patricia Doherty 411 Monterey Blvd Apt E Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Desert Sands Unified School District	\$100. <sup>00</sup>	\$100. <sup>00</sup>	—
9/14/14	Hany Fangary 730 The Strand Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	of Counsel Velasco Law Group	\$100. <sup>00</sup>	\$100. <sup>00</sup>	—
11/15/14	Hany Fangary 730 The Strand Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	of Counsel Velasco Law group	\$1500. <sup>00</sup>	\$1600. <sup>00</sup>	—
7/23/14	Melissa Felton 446 Monterey Blvd Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales care innovations	\$100. <sup>00</sup>	\$100. <sup>00</sup>	—
12/16/14	Melissa Felton 446 Monterey Blvd Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales care innovations	\$100. <sup>00</sup>	\$200. <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>1900.<sup>00</sup></u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/14	
through	12/31/14	Page 10 of 37
NAME OF FILER		I.D. NUMBER
Stop Hermosa Beach oil - Committee Against Measure O		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)
9/6/14	Mike Flaherty 408 31st Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	—
12/3/14	Carol Fleischer 4 The Strand Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Carol Weiss Phd	\$100.00	\$100.00	—
7/21/14	Julieann Forney 34 7th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor South Bay Brokers	\$100.00	\$100.00	—
12/2/14	Julieann Forney 34 7th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor South Bay Brokers	\$25.00	\$125.00	—
10/27/14	Ben gerst 601 2nd Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder Purpose Events	\$100.00	\$100.00	—
<b>SUBTOTAL \$</b>				425.00		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>37</u>
I.D. NUMBER <u>1346645</u>	

NAME OF FILER

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)
9/1/14	Tom Hamilton 1258 8th street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Culvercity Unified School District	\$ 100.00	\$ 100.00	—
12/4/14	Janet Hamilton 55-575 oak Hill La Quinta, CA 92253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 500.00	\$ 500.00	—
12/18/14	Dennis Harmon 2223 Manhattan Ave. Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 100.00	—
8/14/14	Donna Heath 631 6th street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 100.00	—
12/3/14	Donna Heath 631 6th street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 200.00	—
<b>SUBTOTAL \$</b>				<u>900.00</u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>37</u>

NAME OF FILER

stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER

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11/30/14	Fred Huebscher 924 16th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant The Political Scientists	\$500.00	\$500.00	—
9/27/14	Dave Andrews 627 11th St. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Devious media	10.00	285.00	—
11/15/14	Dave Andrews 627 11th St. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Devious media	10.00	295.00	—
12/9/14	Dave Andrews 627 11th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Devious media	10.00	305.00	—
12/2/14	Michael Collins 520 8th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist A psychological corporation	25.00	300.00	—
<b>SUBTOTAL \$</b>				<b>555.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>13</u> of <u>37</u>	I.D. NUMBER <u>1346645</u>

NAME OF FILER

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)
10/21/14	Ciri Ellis 1037 Sunset Dr. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Yoga Instructor Spectrum	50 <sup>00</sup>	325 <sup>00</sup>	-
12/22/14	Sean Gannon 2124 Power Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director Crestline Investors	25 <sup>00</sup>	300 <sup>00</sup>	-
12/2/14	Stephen Izant 726 Elvira Ave 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 <sup>00</sup>	100 <sup>00</sup>	-
12/1/14	Ben Karabell 1736 Steinhart 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Karabell Dentistry	100 <sup>00</sup>	100 <sup>00</sup>	-
11/12/14	Dale Karls 3101 Valley Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500 <sup>00</sup>	500 <sup>00</sup>	-
<b>SUBTOTAL \$</b>				<b>775.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>14</u> of <u>37</u>
I.D. NUMBER <u>1346645</u>	

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Stop Hermosa Beach oil - Committee Against Measure O

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8/28/14	Karen Klink 501 Herondo Dr. #36 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bookkeeper Golden Heart Ranch	100 <sup>00</sup>	100 <sup>00</sup>	—
12/2/14	Joann Lach 521 31st street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50 <sup>00</sup>	200 <sup>00</sup>	—
9/14/14	Jani Lange 632 Ardmore Ave. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Electric	100 <sup>00</sup>	100 <sup>00</sup>	—
7/12/14	Jeff Lankford 704 Loma Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Aerospace Corp.	100 <sup>00</sup>	100 <sup>00</sup>	—
12/2/14	Gregory Less 505 8th street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Treadstone Development LLC	25 <sup>00</sup>	125 <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<b>375.00</b>		

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Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>		<b>CALIFORNIA FORM 460</b>
Page <u>15</u> of <u>37</u>		
I.D. NUMBER <u>1346645</u>		

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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	Kieran Magee 1255 7th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO Rallybound	100 <sup>00</sup>	100 <sup>00</sup>	—
12/2/14	Allan Mason 625 Monterey Blvd 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner/Jeweler Silvermason	100 <sup>00</sup>	375 <sup>00</sup>	—
10/31/14	Joseph McCauley 501 Herondo # 47 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pilot Virgin America	100 <sup>00</sup>	100 <sup>00</sup>	—
9/14/14	Dency Nelson 2415 Silverstrand Ave. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 <sup>00</sup>	875 <sup>00</sup>	—
11/17/14	Dency Nelson 2415 Silverstrand Ave. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	40 <sup>00</sup>	915 <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>440.00</u>		

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(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>7/1/14</u>		
through <u>12/31/14</u>		Page <u>16</u> of <u>37</u>
		I.D. NUMBER <u>1346645</u>

NAME OF FILER

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)
12/2/14	Tom Northup 632 9th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 <sup>00</sup>	575 <sup>00</sup>	—
12/12/14	Tom Northup 632 9th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 <sup>00</sup>	675 <sup>00</sup>	—
12/22/14	Tom Northup 632 9th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 <sup>00</sup>	775 <sup>00</sup>	—
12/16/14	Julie Oakes 545 Cypress Ave. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Oakes Architects	100 <sup>00</sup>	100 <sup>00</sup>	—
8/24/14	Sharon Paul 1782 Valley Park Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 <sup>00</sup>	100 <sup>00</sup>	—
<b>SUBTOTAL \$</b>				500 <sup>00</sup>		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/14	
through	12/31/14	Page 17 of 37
		I.D. NUMBER 1346645

NAME OF FILER

Stoptermosa Beach Oil - Committee Against Measure 0

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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50 <sup>00</sup>	150 <sup>00</sup>	—
9/7/14	Ronald Pizer 518 The Strand 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning Commission HB Planning Commission	1000 <sup>00</sup>	1000 <sup>00</sup>	—
11/16/14	RC Reznichuk (Richard) 2234 The strand 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500 <sup>00</sup>	775 <sup>00</sup>	—
9/14/14	James Rosenberger 1121 Bayview Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner "Any" Laminating service	150 <sup>00</sup>	525 <sup>00</sup>	—
8/30/14	Betsy Ryan 95 17th street Apt A 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Mgr Betsy Ryan Real Estate	1000 <sup>00</sup>	1000 <sup>00</sup>	—
<b>SUBTOTAL \$</b>				2700. <sup>00</sup>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>18</u> of <u>37</u>	I.D. NUMBER <u>1346645</u>

NAME OF FILER

Stop/termosa 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	Betsy Ryan 95 17th Street Apt A 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property mgr Betsy Ryan Real Estate	50 <sup>00</sup>	1050 <sup>00</sup>	—
10/25/14	Rob Saemann 1120 Loma Drive 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Contractor Rob Saemann	100 <sup>00</sup>	100 <sup>00</sup>	—
10/21/14	Kenneth Sarno 1040 10th Street 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 <sup>00</sup>	100 <sup>00</sup>	—
12/2/14	Kenneth Sarno 1040 10th Street 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 <sup>00</sup>	200 <sup>00</sup>	—
12/12/14	Kenneth Sarno 1040 10th Street 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 <sup>00</sup>	450 <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>600.00</u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>19</u> of <u>37</u>
	I.D. NUMBER <u>1346645</u>

NAME OF FILER

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)
12/23/14	Kenneth Sarno 1040 10th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000 <sup>00</sup>	1450 <sup>00</sup>	—
7/15/14	Elaine Sarnoff 729 36th Street 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 <sup>00</sup>	100 <sup>00</sup>	—
12/2/14	Seena Sharp 618 6th Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Market Intelligence Sharp Market Intelligence	100 <sup>00</sup>	375 <sup>00</sup>	—
11/13/14	Charles Sheldon 1130 Via Del Rey 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 <sup>00</sup>	1100 <sup>00</sup>	—
12/2/14	Charles Sheldon 1130 Via Del Rey 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000 <sup>00</sup>	2100 <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>2300<sup>00</sup></u>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>20</u> of <u>37</u>
		I.D. NUMBER <u>1346645</u>

NAME OF FILER  
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)
8/26/14	Mark Shoemaker 600 North Poinsettia Ave 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Director Teledyne Controls	100 <sup>00</sup>	375 <sup>00</sup>	—
12/2/14	Mark Shoemaker 600 North Poinsettia Ave 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Director Teledyne Controls	100 <sup>00</sup>	475 <sup>00</sup>	—
11/15/14	Christine Skuken 2934 Hermosa Ave. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Freelance Editor Independent Contractor	100 <sup>00</sup>	100 <sup>00</sup>	—
12/16/14	Brian Slagel 5737 Kanan Road #143 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Metal Blade Record	100 <sup>00</sup>	100 <sup>00</sup>	—
9/14/14	Kathy Sliff 854 Bard Street 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Providence Little Company of Mary	500 <sup>00</sup>	100 <sup>00</sup>	—
<b>SUBTOTAL \$</b>				900.00		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>21</u> of <u>37</u>	I.D. NUMBER <u>1346645</u>

NAME OF FILER  
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)
12/2/14	Jeffrey Smith 2425 Silverstrand Ave. 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President OCG	100 <sup>00</sup>	100 <sup>00</sup>	—
8/25/14	Loretta Sparks 616 8th Place 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LMFT Loretta Sparks, LMFT	100 <sup>00</sup>	425 <sup>00</sup>	—
11/18/14	St. Roche 142 PCA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Business	2620 <sup>00</sup>	2620 <sup>00</sup>	—
12/16/14	Stephanie Tallent 223 Prospect Ave 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vet Belmont Heights Animal Hospital	100 <sup>00</sup>	100 <sup>00</sup>	—
12/16/14	Robert Teck 125 Monterey Blvd 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker Associate South Bay Brokers	100 <sup>00</sup>	100 <sup>00</sup>	—
<b>SUBTOTAL \$</b>				3020 <sup>00</sup>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>22</u> of <u>37</u>

NAME OF FILER  
StopHermosa Beach Oil - Committee Against Measure O

I.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)
8/26/14	Thomas Northrup 632 9th street 90257	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 <sup>00</sup>	1025 <sup>00</sup>	—
10/10/14	Stephen Vollucci PO Box 1249 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	manager Cal State Properties	100 <sup>00</sup>	100 <sup>00</sup>	—
7/23/14	Kelly Waggoner 159 Via Los Miradores 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Kelly Waggoner, A Psychological Corp	100 <sup>00</sup>	100 <sup>00</sup>	—
12/2/14	Richard Weil 638 Manhattan Ave 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Richard Weil Inc	100 <sup>00</sup>	100 <sup>00</sup>	—
12/17/14	Douglas White 350 Manhattan Ave 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Packers Sanitation	100 <sup>00</sup>	100 <sup>00</sup>	—
<b>SUBTOTAL \$</b>				<u>650.00</u>		

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 SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/14	
through	12/31/14	Page <u>23</u> of <u>37</u>
NAME OF FILER		I.D. NUMBER
Stop Hermosa Beach Oil - Committee Against Measure O		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)
12/4/14	Patricia Whitehead 610 North Poisetia Ave 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 <sup>00</sup>	250 <sup>00</sup>	—
12/12/14	Sidra Weider 618 Monterey Blvd 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 <sup>00</sup>	250 <sup>00</sup>	—
8/25/14	Alisa Wyatt 1717 Monterey Blvd 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pilates Instructor Pilatesology	100 <sup>00</sup>	375 <sup>00</sup>	—
12/3/14	Alisa Wyatt 1717 Monterey Blvd 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pilates Instructor Pilatesology	25 <sup>00</sup>	400 <sup>00</sup>	—
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				625 <sup>00</sup>		

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**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/14	
through	12/31/14	Page 24 of 37

SEE INSTRUCTIONS ON REVERSE

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

I.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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/5/14	Tyler Critelli 1643 10th Street Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner SIN-MN LLC	Lip balm	\$100.00	\$100.00	—
11/28/14	Manhattan Bread and Bagel 1812 Sepulveda Blvd Manhattan Beach, CA 90266	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Business	Bagels Coffee Supplies	\$118.50	\$524.55	—
11/15/14	Art and Flowers 1403 Hermosa Ave. Hermosa Beach, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Business	Starfish orchid	\$125.00	\$205.00	—
11/15/14	Renomi Accupuncture 901 PCH Redondo Beach, CA 90277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Business	2 gift cards	\$370.00	\$370.00	—

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 713.50**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ 6,179.50
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 487.25
- 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 \$** 6,666.75

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**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
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SCHEDULE C

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>25</u> of <u>37</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure D

I.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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/14	Betsy Ryan 95 17th Street Apt A Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Betsy Ryan Real Estate	Easy Reader Ad	\$276. <sup>00</sup>	\$276. <sup>00</sup>	—
12/23/14	Betsy Ryan 95 17th Street, Apt A Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Betsy Ryan Real Estate	Beach Reporter Ad	\$440. <sup>00</sup>	\$716. <sup>00</sup>	—
11/15/14	Alex Smith 508 Manhattan Ave. Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Keller Williams	Artwork	\$300. <sup>00</sup>	\$300. <sup>00</sup>	—
11/15/14	Michael Collins 520 8th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist A Psychological Corporation	Artwork	\$375. <sup>00</sup>	\$875. <sup>00</sup>	—
Attach additional information on appropriately labeled continuation sheets.					<b>SUBTOTAL \$</b>	<u>1391.<sup>00</sup></u>	

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 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  
SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>26</u> of <u>37</u>
I.D. NUMBER <u>1346645</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure D

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/14	John Wayne Miller 936 Loma Drive Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Photographer John Miller Photography	Artwork	\$400. <sup>00</sup>	\$900. <sup>00</sup>	—
9/14/14	Michael Collins 520 8th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist A Psychological Corporation	Artwork	\$475. <sup>00</sup>	\$1350. <sup>00</sup>	—
11/15/14	Electric 1001 Calle Amanecer San Clemente, CA 92673	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Business	Water gear	\$500. <sup>00</sup>	\$500. <sup>00</sup>	—
9/14/14	E-Tech Boards 13125 Yukon Ave. Hawthorne, CA 90250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Business	Custom shaped surfboard	\$1000. <sup>00</sup>	\$1000. <sup>00</sup>	—
Attach additional information on appropriately labeled continuation sheets.					<b>SUBTOTAL \$ 2375.<sup>00</sup></b>		

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 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  
SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>27</u> of <u>37</u>
I.D. NUMBER <u>1346645</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure D

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>11/15/14</u>	<u>E-Tech Boards 13125 Yukon Ave. Hawthorne, CA 90250</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Local Business</u>	<u>Custom shaped surfboard</u>	<u>\$1700.00</u>	<u>\$2700.00</u>	<u>—</u>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<i>Attach additional information on appropriately labeled continuation sheets.</i>					<b>SUBTOTAL \$</b> <u>1700.00</u>		

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 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  
 SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

Statement covers period  
from 7/1/14  
through 12/31/14

SCHEDULE E  
CALIFORNIA  
FORM **460**

Page 28 of 37

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Stop Hermosa Beach Oil - Committee Against Measure O

1346645

**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 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paypal 2211 North First Street San Jose, CA 95131	OFC		163.21
Buyshade.com 461 Old Newport Blvd Newport Beach, CA 92663	CMP		194.57
LB Industries 16209 Minnesota Ave Paramount, CA 90723	CMP		196.34

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

SUBTOTAL \$ 554.12

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>31,265.01</u>
2. Unitemized payments made this period of under \$100	\$ <u>685.99</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ <u>31,951.00</u></b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/14	
through	12/31/14	Page 29 of 37
		I.D. NUMBER 1346645

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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 Beach, CA 90254	CMP		206.24
Simone Binder 640 Loma Drive Hermosa Beach, CA 90254	FND		207.85
Michael Binder 640 Loma Drive Hermosa Beach, CA 90254	FND		250.00
MBX 610 Rosecrans Ave. Manhattan Beach, CA 90266	PRT		400.00

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

**SUBTOTAL \$ 1264.09**

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/14	
through	12/31/14	Page <u>30</u> of <u>37</u>
		I.D. NUMBER <u>1346645</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TJM Promotions 511 Northwest 48th Terrace Ocala, FL 34482	CMP		460.00
Stacey Armato 208 28th street Hermosa Beach, CA 90254	FND		472.67
Stephen Sammarco 2304 Mathews Ave Suite 4 Redondo Beach, CA 90278	CNS		1000.00
Stephen Sammarco 2304 Mathews Ave. Suite 4 Redondo Beach, CA 90278	CNS		1125.00
Stephen Sammarco 2304 Mathews Ave. Suite 4 Redondo Beach, CA 90278	CNS		1389.00

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

**SUBTOTAL \$** 4446.67



**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/14	
through	12/31/14	Page 31 of 37
		I.D. NUMBER 1346645

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Easy Reader PO Box 427 Hermosa Beach, CA 90254	PRT		1650. <sup>00</sup>
Buyshade.com 461 Old Newport Blvd. Newport Beach, CA 92663	CMP		1785. <sup>00</sup>
LB Industries 16209 Minnesota Ave. Paramount, CA 90723	CMP		2825. <sup>00</sup>
Stephen Sammarco 2304 Mathews Ave. Suite 4 Redondo Beach, CA 90278	CNS		3176. <sup>00</sup>
California Board of Equalization P.O. Box 942879 Sacramento, CA 94279	CMP	Sales Tax for campaign merchandise	1824. <sup>00</sup>

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

**SUBTOTAL \$ 11,260.00**

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/14	
through	12/31/14	Page 32 of 37
		I.D. NUMBER 1376645

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure 0

**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	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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
King Graphics 8517 Production Avenue San Diego, CA 92121	CMP			4961.50
The Sammarco Group 2304 Mathews Ave. Suite 4 Redondo Beach, CA 90278	CNS			2000.00
Stephen Sammarco 2304 Mathews Ave. Suite 4 Redondo Beach, CA 90278	CNS			1000.00
King graphics 8517 Production Ave San Diego, CA 90212	CMP			778.63
Strumwasser and Woocher, LLP 10940 Wilshire Blvd #2000 Los Angeles, CA 90024	LEG			5000.00

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

**SUBTOTAL \$ 13,740.13**

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

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

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>		<b>CALIFORNIA FORM 460</b>
Page <u>33</u> of <u>37</u>		
NAME OF FILER <u>Stop Hermosa Beach Oil - Committee Against Measure D</u>		I.D. NUMBER <u>1346645</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**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 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
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	4,961.50	0	4,961.50	0
The Sammarzo group 2304 Matnews Ave Suite 4 Redondo Beach, CA 90278	Campaign consultant	2,000.00	0	2,000.00	0
<b>SUBTOTALS \$</b>		<b>8,785.50</b>	<b>\$ 774.78</b>	<b>\$ 8,785.50</b>	<b>\$ 774.78</b>

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	<b>INCURRED TOTALS \$</b>	<u>11,804.78</u>
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTALS \$</b>	<u>8,785.50</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET \$</b>	<u>-3,019.28</u> <small>May be a negative number</small>

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>34</u> of <u>37</u>
NAME OF FILER <u>Stop Hermosa Beach Oil - Committee Against Measure D</u>	
I.D. NUMBER <u>1346645</u>	

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> 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
<u>The Sammarco group 2304 Mathews Ave Suite 4 Redondo Beach, CA 90278</u>	<u>Campaign consultant</u>	<u>0</u>	<u>11,030.<sup>00</sup></u>	<u>0</u>	<u>11,030.<sup>00</sup></u>
<b>SUBTOTALS \$</b>		<u>0</u>	<u>\$ 11,030.<sup>00</sup></u>	<u>0</u>	<u>\$ 11,030.<sup>00</sup></u>

**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 <b>460</b>
from	7/1/14	
through	12/31/14	Page <u>35</u> of <u>37</u>
I.D. NUMBER		1346645

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure D

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/14/14	Cassandra Egnali 2401 PCH Suite 102 Hermosa Beach, CA 90254	Silent Auction - Artwork	400.00
11/15/14	Rick Learned 251 Valley Drive Hermosa Beach, CA 90254	Silent Auction - Artwork	200.00
11/18/14	Tom Malone 1617 Via Montemar Palos Verdes Estates, CA 90274	Merchandise - 2 Banners, 1 Hat	120.00
9/1/14	Catherine Mao 136 29th Street Hermosa Beach, CA 90254	Merchandise - 2 Banners	100.00
11/25/14	Dency Nelson 2415 Silverstrand Avenue Hermosa Beach, CA 90254	Merchandise - 3 Banners	150.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 970.00

**Schedule I Summary**

- Itemized increases to cash this period. .... \$ 2045.00
- Unitemized increases to cash of under \$100 this period. .... \$ 6943.64
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$ 8988.64**

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>36</u> of <u>37</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure D

I.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
11/15/14	Lori Pizer mains 518 The Strand Hermosa Beach, CA 90254	Silent Auction - Artwork	175.00
7/12/14	Jim Reynolds 726 Loma Drive Hermosa Beach, CA 90254	merchandise - 1 Flag	50.00
7/12/14	Jim Reynolds 726 Loma Drive Hermosa Beach, CA 90254	merchandise - 1 Banner	50.00
11/15/14	Betsy Ryan 95 17th Street Hermosa Beach, CA 90254	Silent Auction - Artwork	100.00
11/15/14	Betsy Ryan 95 17th Street Hermosa Beach, CA 90254	merchandise	85.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 460.00**

**Schedule I Summary**

- Itemized increases to cash this period. .... \$ \_\_\_\_\_
- Unitemized increases to cash of under \$100 this period. .... \$ \_\_\_\_\_
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ \_\_\_\_\_
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$ \_\_\_\_\_**

**Schedule I  
Miscellaneous Increases to Cash**

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

Statement covers period  
from 7/1/14  
through 12/31/14

SCHEDULE I  
**CALIFORNIA FORM 460**  
Page 37 of 37

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

I.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, CA 90254	Merchandise 1 Banner, 2 Flags	195.00
11/15/14	Christine Shuken 2934 Hermosa Avenue Hermosa Beach, CA 90254	Silent Auction - Artwork	200.00
11/15/14	John Thuotte 840 Loma Drive Hermosa Beach, CA 90254	Merchandise - 3 sweatshirts	120.00
11/15/14	Alice Villalobos 1947 Manhattan Avenue Hermosa Beach, CA 90254	Merchandise - 1 Flag	50.00
11/15/14	Alice Villalobos 1947 Manhattan Avenue Hermosa Beach, CA 90254	Silent Auction - Artwork	50.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 615.00

**Schedule I Summary**

- Itemized increases to cash this period. .... \$ \_\_\_\_\_
- Unitemized increases to cash of under \$100 this period. .... \$ \_\_\_\_\_
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ \_\_\_\_\_
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** \_\_\_\_\_