

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Stop Hermosa Beach Oil - Committee Against Measure D		Date of This Filing 2/2/15	Date-Stamp RECEIVED FEB 02 2015 CITY CLERK CITY OF HERMOSA BEACH	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 941 5437	I.D. NUMBER (if applicable) 1346645	Report No. 14		
STREET ADDRESS 275 Valley Drive		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Hermosa Beach	STATE CA	ZIP CODE 90254	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2/2/15	Christopher Davis 7233 Gobernador Canyon Road Carpenteria, CA 93013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner/owner Surf Media	\$4000. ⁰⁰ <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/2/15	Consumer Advocates for Safe Food + Water FPPC ID # 1346493 150 Post Street, Suite 405 San Francisco, CA 94108	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	/	\$1000. ⁰⁰ <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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

Reason for Amendment: _____