

COPY

497 Contribution Report

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

NAME OF FILER <i>Stop Hermosa Beach Oil - Committee Against Measure D</i>		Date of This Filing <i>2/11/15</i>	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>310 941 5437</i>	I.D. NUMBER (if applicable) <i>1346645</i>	Report No. <i>17</i>	
STREET ADDRESS <i>275 Valley Drive</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <i>Hermosa Beach</i>	STATE <i>CA</i>	ZIP CODE <i>90254</i>	
No. of Pages <i>1</i>		Date Stamp 	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<i>2/11/15</i>	<i>Kenneth Sarno 1040 10th street 90254</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>\$1000.⁰⁰</i> <input type="checkbox"/> Check If Loan _____% Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check If Loan _____% Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check If Loan _____% Provide Interest rate

Reason for Amendment: _____

**Contributor Codes

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

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AREA CODE/PHONE NUMBER 310 941 5437	I.D. NUMBER (if applicable) 1346645	Report No. 16		
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
2/10/15	Rene M. Doublier JR. 703 Pier Ave. B253 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	Pilot US Military	\$1000. ⁰⁰ <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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