

497	Contri	bution	Report
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Type or print in ink. Amounts may be rounded to whole dollars. 497 CONTRIBUTION REPORT NAME OF FILER **CALIFORNIA** Date of HERMOSA BEACH RESIDENTS FOR A BETTER TOMORROW, YES ON MEASURE O, This Filing 02/10/2015 **FORM** SPONSORED AND MAJOR FUNDING BY E&B NATURAL RESOURCES MANAGEMENT AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) FEB 1 0 2015 For Official Use Only Report No. 02112015 (213)624-6200 1373869 CITY CLERK CITY OF HERMOSA BEACH STREET ADDRESS ☐ Amendment 205 PIER AVENUE, SUITE 102 to Report No. (explain below) CITY STATE ZIP CODE No. of Pages HERMOSA BEACH CA 90254

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER HAME OF BUSINESS)	AMOUNT RECEIVED
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FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Reason for Amend	lment:			*Contributor Codes IND – Individual COM Recipient Committee (of OTH – Other (e.g., business er PTY Political Party SCC – Small Contributor Commi	ntity)

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