

1375166 COPY

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

12/20/2014
Date qualified as committee

Date Stamp
RECEIVED AND FILE
in the office of the Secretary of State of the State of California
FEB 10 2015
Hand Delivered, Sacramento

CALIFORNIA FORM 410
For Official Use Only



1. Committee Information

NAME OF COMMITTEE
Surfrider Foundation (Non Profit 501 (c)(3))-No on Measure O sponsored by environmental organizations

STREET ADDRESS (NO P.O. BOX)
942 Calle Negocio, Suite 350

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Clemente	CA	92673	(916)442-2952

MAILING ADDRESS (IF DIFFERENT)
555 Capitol Mall, Suite 1425
Sacramento, CA 95814

FAX/E-MAIL ADDRESS
info@olsonhagel.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	City Hermosa Beach

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Craig W. Cadwallader

STREET ADDRESS (NO P.O. BOX)
942 Calle Negocio, Suite 350

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Clemente	CA	92673	(310) 545-3094

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Craig W. Cadwallader, Treasurer/Chair

STREET ADDRESS (NO P.O. BOX)
942 Calle Negocio, Suite 350

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Clemente	CA	92673	(310) 545-3094

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 2/6/15 By Craig W. Cadwallader
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE



COMMITTEE NAME
Surfrider Foundation (Non Profit 501 (c) (3)) - No on Measure O sponsored by environmental organizations

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (916) 440-4205	BANK ACCOUNT NUMBER 8812783036
ADDRESS 1501 Pacific Coast Highway	CITY Hermosa Beach	STATE CA
		ZIP CODE 90254

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Oil Drilling/Production Project O	City of Hermosa Beach	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
3 of 4
I.D. NUMBER

COMMITTEE NAME
Surfrider Foundation (Non Profit 501 (c) (3))-No on Measure O sponsored by environmental organizations

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Organization's 990 can be found at surfrider.org/publications.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
Heal the Bay		Environmental Organization		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
1444	9th Street	Santa Monica	CA	90401

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

4 of 4

COMMITTEE NAME
Surfrider Foundation (Non Profit 501 (c) (3)) - No on Measure O sponsored by environmental organizations

I.D. NUMBER

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR Surfrider Foundation	INDUSTRY GROUP OR AFFILIATION OF SPONSOR Environmental Organization
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MAILING ADDRESS 942 Calle Negocio, Suite 350	NO. AND STREET	CITY San Clemente	STATE CA	ZIP CODE 92673
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NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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