

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

COVER PAGE

**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:
(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
(Also Complete Part 6)
- 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

Minor correction to addition on Summary Page; Line 11

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
<u>Hermosa Beach</u>	<u>CA</u>	<u>90254</u>	<u>310-941-5437</u>

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

PO Box 988

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

George Schmeltzer

MAILING ADDRESS

275 Valley Drive

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

NAME OF ASSISTANT TREASURER, IF ANY

Patti Sousa

MAILING ADDRESS

631 Loma Drive

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

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 _____ Date

By George Schmeltzer Patti Sousa
Signature of Treasurer or Assistant Treasurer

Executed on _____ Date

By Stacey Armato
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

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

Type or print in ink.

COVER PAGE - PART 2

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 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
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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>	CALIFORNIA FORM 460
Page <u>3</u> of <u>3</u>	I.D. NUMBER 1346645

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	\$ 15,250.87	\$ 15,250.87

**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	\$ 2,577.10

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.