

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

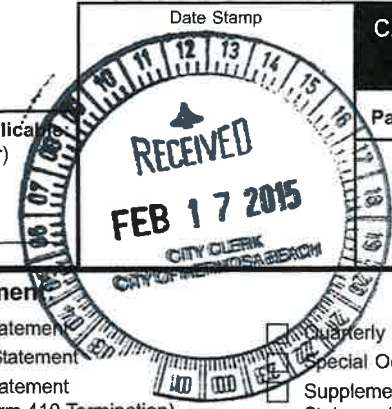
COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 90
For Official Use Only

Statement covers period
from 1/18/15
through 2/14/15

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

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 |
| Hermosa Beach | CA | 90254 | 310-941-5437 |

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

PO Box 988

| | | | |
|----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Hermosa Beach | CA | 90254 | 310-941-5437 |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

George Schmeltzer

MAILING ADDRESS

275 Valley Drive

| | | | |
|----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Hermosa Beach | CA | 90254 | 310-941-5437 |

NAME OF ASSISTANT TREASURER, IF ANY

Patti Sousa

MAILING ADDRESS

631 Loma Drive

| | | | |
|----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Hermosa Beach | CA | 90254 | 310-447-1017 |

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

Executed on _____ Date

Executed on _____ Date

Executed on _____ Date

By George Schmeltzer Signature of Treasurer or Assistant Treasurer

By Stacey Armato Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

| | | |
|--------------------|---|------------|
| CALIFORNIA FORM | | 460 |
| Page | 2 | of 90 |

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 | JURISDICTION | <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE |
| O | Hermosa Beach | |

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 |
| | |

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>1/18/15</u> | CALIFORNIA FORM 460 |
| through <u>2/14/15</u> | |
| Page <u>3</u> of <u>90</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 | \$ <u>43,651.00</u> | \$ <u>60,016.00</u> |
| 2. Loans Received Schedule B, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>43,651.00</u> | \$ <u>60,016.00</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ <u>54,004.48</u> | \$ <u>54,218.48</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>97,655.48</u> | \$ <u>114,234.48</u> |

**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 | Column B |
|---|----------------------|----------------------|
| 6. Payments Made Schedule E, Line 4 | \$ <u>40,105.20</u> | \$ <u>52,564.97</u> |
| 7. Loans Made Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>40,105.20</u> | \$ <u>52,564.97</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ <u>-65,724.32</u> | \$ <u>-63,147.22</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ <u>54,004.48</u> | \$ <u>54,218.48</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>28,385.36</u> | \$ <u>43,636.23</u> |

**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 | \$ <u>53,150.34</u> |
| 13. Cash Receipts Column A, Line 3 above | \$ <u>43,651.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ <u>27,123.00</u> |
| 15. Cash Payments Column A, Line 8 above | \$ <u>40,105.20</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>83,819.14</u> |

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

| | |
|---|----------------------|
| 18. Cash Equivalents See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ <u>-63,147.22</u> |

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.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

I.D. NUMBER

1346645

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/20/15 | Stacy Armato 208 28th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Atlantic investors | \$ 100. ⁰⁰ | \$ 100. ⁰⁰ | — |
| 1/20/15 | Katrina Bacallao 2910 Hermosa view Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director HMCF | \$ 200. ⁰⁰ | \$ 200. ⁰⁰ | — |
| 1/20/15 | Guido Bauer 911 Manhattan Ave. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO GreenGlobe | \$ 200. ⁰⁰ | \$ 200. ⁰⁰ | — |
| 1/18/15 | Yvonne Bernard 30 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Producer Lookout Entertainment | \$ 200. ⁰⁰ | \$ 200. ⁰⁰ | — |
| 1/20/15 | Maggie Bove - Lamonica 1927 Valley Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Education LNU | \$ 100. ⁰⁰ | \$ 100. ⁰⁰ | — |

SUBTOTAL \$ 800.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 38,358.⁰⁰
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 5,293.⁰⁰
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 43,651.⁰⁰

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | | CALIFORNIA FORM 460 |
| | | Page <u>5</u> of <u>96</u> |
| | | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/20/15 | John Buch 1113 Cypress Avenue 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Airline Pilot United Airlines | \$200. ⁰⁰ | \$200. ⁰⁰ | — |
| 1/20/15 | William Buchanan 640 2nd Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100. ⁰⁰ | \$100. ⁰⁰ | — |
| 1/20/15 | John Capellaro 13029 Central Ave. #304 90250 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Coldwell Banker | \$100. ⁰⁰ | \$100. ⁰⁰ | — |
| 1/18/15 | Bob Caplan 402 S. Lucia Ave. 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100. ⁰⁰ | \$100. ⁰⁰ | — |
| 1/21/15 | Billy Cunningham 644 Longfellow Ave. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100. ⁰⁰ | \$100. ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>600.00</u> | | |

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/18/15 | |
| through | 2/14/15 | Page 6 of 90 |
| I.D. NUMBER | | 1346645 |

NAME OF FILER

stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/20/15 | Ira Ellman 530 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director of Finance Advantage Sales and Marketing | \$100. ⁰⁰ | \$100. ⁰⁰ | — |
| 1/20/15 | Margie Enders 13 18th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | none | \$100. ⁰⁰ | \$100. ⁰⁰ | — |
| 1/20/15 | Hany Fangary 730 The strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LAWYER Velasco Law Group | \$200. ⁰⁰ | \$200. ⁰⁰ | — |
| 1/19/15 | Phil Friedl 701 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive JLL | \$200. ⁰⁰ | \$200. ⁰⁰ | — |
| 1/20/15 | Kathleen Gardner 2020 Circle Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | None | \$500. ⁰⁰ | \$500. ⁰⁰ | — |
| SUBTOTAL \$ | | | | 1,100 | | |

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>90</u> |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure D

I.D. NUMBER

1346645

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/20/15 | Dwight Glasscock 412 Ocean View Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director, Project Manager Flowserve | \$200. ⁰⁰ | \$200. ⁰⁰ | — |
| 1/20/15 | Paul Gudmundsson 1830 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Analyst Inky Dinky | \$200. ⁰⁰ | \$200. ⁰⁰ | — |
| 1/20/15 | Xavier Haase 501 Herondo #21 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher LAVSD | \$200. ⁰⁰ | \$200. ⁰⁰ | — |
| 1/20/15 | Denise Hannagan 5477 Manhattan Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Nurse Education Program Coordinator Cedars Sinai | \$100. ⁰⁰ | \$100. ⁰⁰ | — |
| 1/20/15 | Toby Harris 652 5th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director Quartz Events | \$200. ⁰⁰ | \$200. ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>900.00</u> | | |

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>4/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>8</u> of <u>96</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 1/18/15 | Deanna Hashimi 3320 Highland Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Software Developer Oracle | \$100. ⁰⁰ | \$100. ⁰⁰ | — |
| 1/22/15 | Donna Heath 631 6th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$200. ⁰⁰ | \$200. ⁰⁰ | — |
| 1/28/15 | Maggie Heim 1907 Valley Park Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Founder + CEO Help Keep A Sister Alive | \$500. ⁰⁰ | \$500. ⁰⁰ | — |
| 1/16/15 | Ann Hemplemann 1071 9th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Engineer Independant | \$100. ⁰⁰ | \$100. ⁰⁰ | — |
| 1/16/15 | Peter Hoffman 811 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor LMU | \$200. ⁰⁰ | \$200. ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>1,100</u> | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>9</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/23/15 | Kevin Hoose 2059 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Care giver Independent | \$100.00 | \$100.00 | — |
| 1/16/15 | Fred Huebscher 924 16th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant The Political Scientists | \$100.00 | \$100.00 | — |
| 1/18/15 | Steven Huot 429 Longfellow Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Blizzard Entertainment | \$200.00 | \$200.00 | — |
| 1/24/15 | Steven Huot 429 Longfellow Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Blizzard Entertainment | \$100.00 | \$300.00 | — |
| 1/19/15 | Suzan Izant 726 Elviria Ave Unit B 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100.00 | \$100.00 | — |
| SUBTOTAL \$ | | | | <u>600.00</u> | | |

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>10</u> of <u>96</u> |

| | |
|--|-------------------------------|
| NAME OF FILER <u>Stop Hermosa Beach oil - Committee Against Measure D</u> | I.D. NUMBER <u>1346645</u> |
|--|-------------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 1/24/15 | Ryan Jarus 447 Herondo #203 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner Jarus + Co, CPA, LLC | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | Matthew Jensen 2470 mrytle 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Lead Machinist space X | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/27/15 | Meredith Kaplan 640 Braeholm Place 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE | 1000 ⁰⁰ | 1000 ⁰⁰ | — |
| 1/25/15 | Chris Karkenny 732 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 300 ⁰⁰ | 300 ⁰⁰ | — |
| 1/16/15 | Walt Kasha 601 1st street #6 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Category mgr Hewlett Packard | 200 ⁰⁰ | 200 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>1,700</u> | | |

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>11</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 1/24/15 | Walt Kasha 601 1st street #6 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Category mgr Hewlett Packard | 50 ⁰⁰ | 250 ⁰⁰ | — |
| 1/20/15 | David Keane 24 7th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Producer Ghost Pepper Media | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Brian Kern 60 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director of Business Development Pringle Associates | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/20/15 | Brian Kern 60 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director of Business Development Pringle Associates | 100 ⁰⁰ | 300 ⁰⁰ | — |
| 1/24/15 | Rob Kole 1900 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Import/Export Kole Imports | 100 ⁰⁰ | 100 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>550.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>12</u> of <u>90</u> |

NAME OF FILER

stop Hermosa Beach oil - Committee Against Measure D

I.D. NUMBER
1346645

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 1/29/15 | Samantha Kuhr 431 30th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Assistant Kuhr Strategies | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/20/15 | Denyse Lange 632 Ardmore Ave. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher Hermosa Beach School District | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/28/15 | Ian Lee-Leviten 760 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250 ⁰⁰ | 450 ⁰⁰ | — |
| 1/27/15 | Gregory Less 505 8th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Treadstone Development LLC | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Ira Lifland 1947 Manhattan Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Managing Director Fenix Research Group | 200 ⁰⁰ | 200 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>850.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>13</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/20/15 | Paul McGrath 718 Hermosa Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Contractor McGrath Contracting | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Kent McKeown 414 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner KLM Engineering | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/20/15 | Patrick Mejia 5320 West 142nd Place 90250 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Head Tournament Director Volleyball Ventures | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | Albert Muratsuchi 22503 Iris Avenue 90505 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney District Attorney Office | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Megan Neal 732 Center Place #A 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director of Marketing Ovation TV | 100 ⁰⁰ | 100 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>500.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>14</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/27/15 | Pauline Olsen 2011 Voorhees Ave # B 90278 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | TJ Panzer 699 6th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | none | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Ted Pascaru 1949 Ava Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director Hirwa Tech LLC | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/24/15 | Ted Pascaru 1949 Ava Ave. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director Hirwa Tech LLC | 1000 ⁰⁰ | 1200 ⁰⁰ | — |
| 1/24/15 | Ted Pascaru 1949 Ava Ave. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director Hirwa Tech LLC | 99.00 | 1499. ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>1,499.⁰⁰</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | | |
|--|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/18/15 | |
| through | 2/14/15 | Page 15 of 90 |
| NAME OF FILER | | I.D. NUMBER |
| Stop Hermosa Beach oil - Committee Against Measure D | | 1346645 |

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 1/20/15 | Sharon Paul 1782 Valley Park Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Shannon Peterson 340 29th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Modina Films | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/21/15 | James Phillips 510 S. Catalina Ave 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | Michael Phillips Jr. 1010 Ardmare Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Filmmaker cA | 100 ⁰⁰ | 300 ⁰⁰ | — |
| 1/18/15 | Barry Pine 120 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Tax Attorney Jacobs, Pine Consulting, Inc | 100 ⁰⁰ | 100 ⁰⁰ | — |
| SUBTOTAL \$ | | | | 600.00 | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

| | | |
|--|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/18/15 | |
| through | 2/14/15 | Page 16 of 90 |
| NAME OF FILER | | I.D. NUMBER |
| stop Hermosa Beach oil - Committee Against Measure D | | 1346645 |

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/19/15 | Suzanne Rampe 1728 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Shorewood Realtors | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Gerard Ravel 2552 Manhattan Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Remax | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Carol Reznichuk 2234 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychotherapist Carol Reznichuk, MFT | 100 ⁰⁰ | 300 ⁰⁰ | — |
| 1/18/15 | Christy Root 715 2nd Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher American Martyrs Preschool | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/24/15 | Gavin Rubin 2608 183rd Street 90278 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior VP Attorney Network Services | 50 ⁰⁰ | 150 ⁰⁰ | — |
| SUBTOTAL \$ | | | | 550.00 | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>17</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 1/18/15 | Lisa Ryder 1940 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant Moore Environmental | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/24/15 | Stephen Sammarco 2314 Mathews Ave #4 90278 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Council Member RB City Council | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/28/15 | Kenneth Sarno 1040 10th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 1000 ⁰⁰ | 1200 ⁰⁰ | — |
| 1/28/15 | Mary Saxe 717 30th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dental Hygienist Christine Varwig, DDS | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/19/15 | Matt Schaub 700 7th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President RGR marketing | 1000 ⁰⁰ | 1200 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>2500.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>18</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
stop Hermosa Beach oil - Committee Against Measure O

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/19/15 | Matt Schaub 700 7th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President RGR Marketing | 1000 ⁰⁰ | 2200 ⁰⁰ | — |
| 1/18/15 | Steve Seal 705 2nd street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher LAUSD | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/21/15 | Christine Shuken 1005 South catalina Ave #C 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Writer Independent | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | Christine Shuken 1005 South catalina Ave #C 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Writer Independent | 50 ⁰⁰ | 150 ⁰⁰ | — |
| 1/18/15 | Ron Siegel 2906 Hermosa View Dr. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner 3.17 Productions LLC | 100 ⁰⁰ | 100 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>1,450.00</u> | | |

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>19</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure D

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/18/15 | Victor Silva 1838 Valley Park Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Alex Smith 508 Manhattan Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor keller williams | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/20/15 | Gentil Smith 208 Avenue I 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Vice President Smithy and Gentil, inc | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/21/15 | Robert Smith 2215 Hermosa Avenue 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Writer independent | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/20/15 | Lael Stabler 66 18th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>600.00</u> | | |

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>20</u> of <u>90</u> |
| | I.D. NUMBER <u>1346645</u> |

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/21/15 | Sara Stewart 525 N. Helberta 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Pediatrician Kaiser | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/24/15 | Richard Sundeen 415 30th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner Q Design | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/18/15 | Donna Tarr 63 Ranchview Road 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Corporate Secretary Stone Lions Environmental group | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/18/15 | Robert Teer 1640 South PCH 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Broker Associate South Bay Realtors | 500 ⁰⁰ | 500 ⁰⁰ | — |
| 1/20/15 | Shauna Torok 1260 7th Place 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | none | 100 ⁰⁰ | 100 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>1,200⁰⁰</u> | | |

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>21</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| 1/24/15 | US Concepts 75 9th Avenue 10011 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | — | 400 ⁰⁰ | 400 ⁰⁰ | — |
| 1/24/15 | Kimberly Waldner 1534 Manhattan Beach Blvd #C 90266 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Cost Svc Rep Van's Food | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/28/15 | Ray Waters 615 24th Place 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/20/15 | Tim Wheeler 434 30th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Film Maker Borrowed Tune Inc | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Ann Williams 619 5th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Pj mgr Psomas | 200 ⁰⁰ | 200 ⁰⁰ | — |
| SUBTOTAL \$ | | | | 1000 ⁰⁰ | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>22</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 1/18/15 | Bob Wolfe 3300 Palm Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Supervising Attorney State of CA | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/30/15 | Lesley Wright 2050 Manhattan Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Paralegal Independent | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Geoffrey Yarema 2160 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Nossaman LLP | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/18/15 | Cynthia Yuter 1040 Ardmore Avenue 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Access Media | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/24/15 | Denise Anello 530 24th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor 3 Leaf Realty | 50 ⁰⁰ | 250 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>650.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>23</u> of <u>90</u> |

| | |
|--|-------------------------------|
| NAME OF FILER <u>stop Hermosa Beach oil - Committee Against Measure D</u> | I.D. NUMBER <u>1346645</u> |
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|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 1/24/15 | Claudia Berman 443 2nd Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Oracle | 100 ⁰⁰ | 200 ⁰⁰ | — |
| 1/24/15 | Garrett Biggs 26447 Basswood Avenue 90275 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Motor Sales Toyota | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/23/15 | David Brunner 2434 Manhattan Avenue 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 600 ⁰⁰ | — |
| 1/24/15 | John Buch 1113 Cypress Avenue 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Airline Pilot United Airlines | 99 ⁰⁰ | 299 ⁰⁰ | — |
| 1/24/15 | Julie Christensen 446 Monterey Blvd Apt F2 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor South Bay Brokers | 50 ⁰⁰ | 250 ⁰⁰ | — |
| SUBTOTAL \$ | | | | 549.00 | | |

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>24</u> of <u>90</u> |

| | |
|--|-------------------------------|
| NAME OF FILER <u>stop Hermosa Beach oil - Committee Against Measure D</u> | I.D. NUMBER <u>1346645</u> |
|--|-------------------------------|

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|---------------|--|--|--|-----------------------------|---|------------------------------------|
| 1/24/15 | Frank Derosa 16601 S. Normandie Ave 90247 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Gardena Welding Supply | 400 ⁰⁰ | 400 ⁰⁰ | — |
| 1/21/15 | Fifth Street Associates 251 Valley Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | — | 1000 ⁰⁰ | 1000 ⁰⁰ | — |
| 1/27/15 | Lourdes Garcia 1129 7th Place 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Union Rep Teamsters Local 572 | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | Scott Gimple 654 8th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Deputy Executive Director American Youth Soccer Org | 200 ⁰⁰ | 400 ⁰⁰ | — |
| 1/24/15 | Justin Massey 848 Bard Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Miller + Axtine | 200 ⁰⁰ | 450 ⁰⁰ | — |

SUBTOTAL \$ 1,900.00

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>25</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

NAME OF FILER
stop Hermosa Beach oil - Committee Against Measure D

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/6/15 | Katrina Bacallao 2910 Hermosa View Dr. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director Hmcf | 60. ⁰⁰ | 260. ⁰⁰ | — |
| 2/2/15 | Katherine Barron 501 Herondo #74 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100. ⁰⁰ | 100. ⁰⁰ | — |
| 2/8/15 | Tracy Bercu 641 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician tracy E. Bercu MD, Inc. | 60. ⁰⁰ | 260. ⁰⁰ | — |
| 2/7/15 | Claudia Berman 443 2nd street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales oracle | 30. ⁰⁰ | 230. ⁰⁰ | — |
| 2/6/15 | Yvonne Bernard 30 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Producer lookout entertainment | 60. ⁰⁰ | 260. ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>310.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>26</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure D

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|--------------------|--|--|--|-----------------------------|---|------------------------------------|
| 2/3/15 | Christian Campisi 447 Herondo #206 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Project Sales Horizon Solar Power | 250 ⁰⁰ | 250 ⁰⁰ | — |
| 2/7/15 | Tony Chouelke 2708 The Strand 90266 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Independent Investor | 1000 ⁰⁰ | 1000 ⁰⁰ | — |
| 2/2/15 | Consumer Advocates for safe food and water 150 Post Street Suite 405 94108 | <input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | — | 1000 ⁰⁰ | 1000 ⁰⁰ | — |
| 2/2/15 | Christopher Davis 7233 Gobernador Canyon Rd 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 | 4000 ⁰⁰ | — |
| 2/5/15 | Kathryn Dunbadin 2432 myrtle Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | none | 250 ⁰⁰ | 250 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>6500.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>27</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

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Stop Hermosa Beach oil - Committee Against Measure D

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/7/15 | Stacey Fishman 25 18th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | none | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/7/15 | Scott Frantz 642 7th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | consultant Pierside Realty | 60 ⁰⁰ | 160 ⁰⁰ | — |
| 2/6/15 | Paul Gudmundsson 1830 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Analyst Inky Dinky | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/7/15 | Peter Hoffman 811 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor Lmu | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/6/15 | Nick Hogan 630 3rd Street #4 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | office manager Escape communications | 30 ⁰⁰ | 130 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>270.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>28</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/7/15 | Kevin Hoose 2059 monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Caregiver Independent | 30 ⁰⁰ | 130 ⁰⁰ | — |
| 2/6/15 | Fred Hubbscher 924 16th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant The Political Scientists | 30 ⁰⁰ | 130 ⁰⁰ | — |
| 2/6/15 | Steve Izant 726 Elvira Ave Unit B 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 60 ⁰⁰ | 160 ⁰⁰ | — |
| 2/7/15 | Rob Kole 1900 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | IMPORT/EXPORT Kole Imports | 60 ⁰⁰ | 160 ⁰⁰ | — |
| 2/6/15 | Ian Lee-Leviten 760 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 60 ⁰⁰ | 510 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>240.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>29</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/6/15 | Sheryl Main 1618 Palm Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Publicity + Marketing Consultant Main Communications | 60 ⁰⁰ | 160 ⁰⁰ | — |
| 2/6/15 | Aileen Martin 329 31st street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 30 ⁰⁰ | 130 ⁰⁰ | — |
| 2/6/15 | Allan mason 625 monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner/Jeweler Silvermason | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/6/15 | Dency Nelson 2415 Silverstrand Ave. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/7/15 | Michelle Orsi 703 4th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Marketing + PR Three . sixty Communications Corp | 30 ⁰⁰ | 130 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>240.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>30</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
stop Hermosa Beach oil - Committee Against Measure D

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|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 2/4/15 | Paul Repetti 679 4th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Southbay Automotive, Inc | 500 ⁰⁰ | 500 ⁰⁰ | — |
| 2/7/15 | Marie Rice 301 25th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | none | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/6/15 | Gavin Rubin 2608 183rd Street 90278 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior VP Attorney Services Network | 30 ⁰⁰ | 180 ⁰⁰ | — |
| 2/6/15 | George Schmeltzer 275 Valley Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/7/15 | Steve Seal 705 2nd Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher LAUSD | 60 ⁰⁰ | 260 ⁰⁰ | — |

SUBTOTAL \$ 710.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>4/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>31</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/5/15 | Erika Seward 433 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Co-founder Gold Country Productions | 250 ⁰⁰ | 250 ⁰⁰ | — |
| 2/7/15 | Charles Sheldon 1800 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 1/24/15 | Mark Shoemaker 600 N. Poinsettia Ave. 90266 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Teledyne | 50 ⁰⁰ | 250 ⁰⁰ | — |
| 2/6/15 | Shaun Simmons 446 Monterey Blvd # F1 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Lawyer The Simmons eDiscovery Firm | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 2/7/15 | Kathy Sliff 854 Bard Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Nurse providence little Co. of mary | 60 ⁰⁰ | 160 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>520.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>32</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure D

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/8/15 | Alex Smith 508 Manhattan Ave. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Keller Williams | 120 ⁰⁰ | 320 ⁰⁰ | — |
| 2/6/15 | Loretta Sparks 616 8th Place 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychotherapist Loretta Sparks, LMFT Counseling | 500 ⁰⁰ | 700 ⁰⁰ | — |
| 2/6/15 | Loretta Sparks 616 8th Place 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychotherapist Loretta Sparks, LMFT Counseling | 60 ⁰⁰ | 760 ⁰⁰ | — |
| 2/7/15 | Renee Stauffer 2906 Hermosa View Dr. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Producer 3.17 productions | 90 ⁰⁰ | 90 ⁰⁰ | — |
| 1/31/15 | Candy Stubbs 652 Longfellow Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>870.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>33</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/8/15 | Ingrid Geidt 803 Bard Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Tax Consultant Vaco Resources | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/8/15 | Jay Moriarty 42 8th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Writer/producer Antler Productions | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/8/15 | Gavin Rubin 2608 183rd street 90278 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior VP Attorney Network Services | 100 ⁰⁰ | 270 ⁰⁰ | — |
| 2/9/15 | Denise Anello 530 24th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor 3 Leaf Realty | 120 ⁰⁰ | 370 ⁰⁰ | — |
| 2/9/15 | John Thuotte 840 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | sales Black Ridge Technologies | 60 ⁰⁰ | 260 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>400.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>4/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>34</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure D

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/9/15 | Carol Fleischer 4 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychologist Carol Weiss PITP | 350 ⁰⁰ | 350 ⁰⁰ | — |
| 2/9/15 | Robert Grossman 101 Lyndon Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Doctor Beach Cities Health District | 350 ⁰⁰ | 350 ⁰⁰ | — |
| 2/9/15 | Traci Horowitz 501 Herondo #39 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Rep Chicago Title | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 2/9/15 | Nancy Karnes 19 4th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 2/9/15 | Tom Malone 1617 Via Montemar 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250 ⁰⁰ | 450 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>1,250⁰⁰</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>35</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/9/15 | Pauline Miller 2116 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 2/10/15 | Richard Berry 1116 2nd street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 2/11/15 | John Buch 1113 Cypress Avenue 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Airline Pilot United Airlines | 60 ⁰⁰ | 359 ⁰⁰ | — |
| 2/10/15 | Michael Collins 520 8th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychologist Michael Collins, A Psychological Corp. | 60 ⁰⁰ | 360 ⁰⁰ | — |
| 2/10/15 | Billy Cunningham 644 Longfellow Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 60 ⁰⁰ | 160 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>380.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>4/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>36</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure D

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/10/15 | Frank DeRosa 16601 S. Normandie Ave Gardena 90247 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Gardena Welding Supply | 60 ⁰⁰ | 460 ⁰⁰ | — |
| 2/10/15 | Peter Ellis 1037 Sunset Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Software Engineer Northrup Grumman | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/11/15 | Carol Fleischer 4 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychologist Carol Weiss PhD | 60 ⁰⁰ | 410 ⁰⁰ | — |
| 2/10/15 | Jon Hollosi 117 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Tails Gone Wild | 30 ⁰⁰ | 130 ⁰⁰ | — |
| 2/10/15 | Amanda Hunter 1073 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President CA Map Art Company | 30 ⁰⁰ | 130 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>240.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | | CALIFORNIA FORM 460 Page <u>37</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | | |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/10/15 | Susan Izant 726 Elvira Ave Unit B 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 60 ⁰⁰ | 160 ⁰⁰ | — |
| 2/10/15 | Morgan Jensen 854 Bard Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Staffer Providence Little Company of Mary | 90 ⁰⁰ | 190 ⁰⁰ | — |
| 2/10/15 | Karen Klink 501 Herondo #36 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Bookkeeper Golden Heart Ranch | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/10/15 | Jess Lurie 802 Monterey Blvd #5 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor The Waters Edge Group w/ Keller Williams | 30 ⁰⁰ | 130 ⁰⁰ | — |
| 2/9/15 | Sheryl Main 1618 Palm Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Publicity + Marketing Consultant Main Communications | 30 ⁰⁰ | 190 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>270.06</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

| | | |
|--|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | | CALIFORNIA FORM 460 |
| | | Page <u>38</u> of <u>90</u> |
| | | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|---|---------------------------------------|
| 2/9/15 | Alexander Manners 1207 Cypress Avenue 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director Adevant | 250 ⁰⁰ | 250 ⁰⁰ | — |
| 2/10/15 | Diana Mausser 1020 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner/president Native Tile + Ceramics | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/10/15 | Robert Meylan 15265 Earlham street 90272 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Meylan, Davitt, Jain, Arevian + Kim LLP | 30 ⁰⁰ | 230 ⁰⁰ | — |
| 2/2/15 | Julie Miller 842 19th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Accountant Katcher, Inc. | 50 ⁰⁰ | 50 ⁰⁰ | — |
| 2/10/15 | Julie Miller 842 19th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Accountant Katcher, Inc. | 50 ⁰⁰ | 100 ⁰⁰ | — |

SUBTOTAL \$ 440.00

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>39</u> of <u>90</u> |
| | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure D

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/10/15 | Suzanne Rampe 1728 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Shorewood Realtors | 60 ⁰⁰ | 160 ⁰⁰ | — |
| 2/11/15 | Paul Repetti 679 4th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Southbay Automotive Inc. | 60 ⁰⁰ | 560 ⁰⁰ | — |
| 2/11/15 | Carol Reznichuk 2234 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychotherapist Carol Reznichuk MFT | 30 ⁰⁰ | 330 ⁰⁰ | — |
| 2/11/15 | Kenneth Sarno 1040 10th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 1000 ⁰⁰ | 2200 ⁰⁰ | — |
| 2/10/15 | Erika Seward 433 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Co-founder Gold Country Productions | 120 ⁰⁰ | 370 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>1270.00</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>40</u> of <u>90</u> |
| | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure D

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|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| 2/10/15 | Andre Sharp 618 6th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal Sharp Information | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/10/15 | Mark Shoemaker 600 N. Poinsettia Ave 90266 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Teledyne | 60 ⁰⁰ | 310 ⁰⁰ | — |
| 2/10/15 | Sara Stewart 525 N. Helberta 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Pediatrician Kaiser | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/10/15 | Thomas Northrup 632 9th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/10/15 | Pacific Villas Homeowners Association 451 2nd street 90264 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | — | 500 ⁰⁰ | 500 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>740.00</u> | | |

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | | CALIFORNIA FORM 460 |
| | | Page <u>41</u> of <u>90</u> |
| | | I.D. NUMBER <u>1346645</u> |

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/10/15 | Jerome Pitts 2531 Myrtle Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Founder Pelagic Investments | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 2/10/15 | Claudia Prenter 625 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Co-owner Prenter Design Group | 60 ⁰⁰ | 260 ⁰⁰ | — |
| 2/10/15 | Rene Doublier Jr. 703 Pier Ave B253 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 | 1000 ⁰⁰ | — |
| 1/24/15 | Ron Pizer 518 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Planning Commission HB Planning Commission | 50 ⁰⁰ | 50 ⁰⁰ | — |
| 1/24/15 | Ron Pizer 518 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Planning Commission HB Planning Commission | 500 ⁰⁰ | 550 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>1,710⁰⁰</u> | | |

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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | | |
|--|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | | CALIFORNIA FORM 460 |
| | | Page <u>42</u> of <u>90</u> |
| | | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 1/21/15 | Dominick Poan 201 Valley Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | Pope Enterprises 2629 Manhattan Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | — | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/20/15 | Tom Malone 1617 Via Montemar 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/18/15 | Marianne Martin 621 Gould Terrace 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/18/15 | Diana Mausser 1020 Loma Dr. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner/President Native Tile + Ceramics | 200 ⁰⁰ | 200 ⁰⁰ | — |
| SUBTOTAL \$ | | | | <u>700⁰⁰</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>43</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure D

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/23/15 | Jocelyn Mc Bride 905 N. Valley Dr. 90754 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EVP Computershare | 100 ⁰⁰ | 100 ⁰⁰ | — |
| | | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | — |
| | | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | — |
| | | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | — |
| | | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | — |
| SUBTOTAL \$ | | | | 00 ⁰⁰ | | |

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>44</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER
1346645

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/23/15 | Alex Smith 508 manhattan Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Keller Williams | Auction Item | 1,500 ⁰⁰ | 1,500 ⁰⁰ | - |
| 1/28/15 | Alex Smith 508 manhattan Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Keller Williams | Auction Item | 1,500 ⁰⁰ | 3,000 ⁰⁰ | - |
| 1/24/15 | Amanda Hunter 1073 monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner Sweet inspiration chocolates | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | - |
| 1/24/15 | Amanda Hunter 1073 monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner Sweet inspiration chocolates | Auction Item | 100 ⁰⁰ | 200 ⁰⁰ | - |
| | | | | | SUBTOTAL \$ | <u>3200.00</u> | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 52,071.49
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 1,932.99
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 54,004.48

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>45</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

I.D. NUMBER
1346645

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Andrew Sarnechi 4025 Spencer Street #101 90503 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Clothing Line Hippytree | Auction Item | 250 ⁰⁰ | 250 ⁰⁰ | — |
| 1/24/15 | Anthony Renna Photography 1221 S. PCH 90278 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 280 ⁰⁰ | 280 ⁰⁰ | — |
| 1/24/15 | Arbor Collective 102 Washington Blvd 90292 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 500 ⁰⁰ | 500 ⁰⁰ | — |
| 1/24/15 | Becker 301 Pier Ave 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 679 ⁰⁰ | 679 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ | <u>1709.00</u> | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>46</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Stop Henmosa Beach Oil - Committee Against Measure O

I.D. NUMBER: 1346645

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Belmar Hotel 3501 N. Sepulveda Blvd 90266 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | - |
| 1/24/15 | Betsy Ryan 95 17th Street #10 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Betsy Ryan Real Estate | Auction Item | 500 ⁰⁰ | 500 ⁰⁰ | - |
| 1/24/15 | Black Market Gallery PO Box 1030 93271 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 600 ⁰⁰ | 600 ⁰⁰ | - |
| 1/23/15 | Bo Bridges Photography 1112 Manhattan Ave. 90266 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 1200 ⁰⁰ | 1200 ⁰⁰ | - |
| | | | | | SUBTOTAL \$ | <u>2400.00</u> | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>47</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

I.D. NUMBER
1346645

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|-----------------------------------|---|------------------------------------|
| 1/24/15 | Charles Sheldon 1800 The Strand 90264 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Auction Item | 800 ⁰⁰ | 800 ⁰⁰ | — |
| 1/24/15 | Charlie's 601 N. PCH 90277 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | Chris Brown 2120 Circle Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Campsurf | Auction Item | 475 ⁰⁰ | 475 ⁰⁰ | — |
| 1/24/15 | Chris Miller 528 W. Maple 90245 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Photographer Beach Reporter | Auction Item | 750 ⁰⁰ | 750 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ <u>2125.00</u> | | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>48</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER
1346645

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|----------------------------------|---|------------------------------------|
| 1/24/15 | Chris Miller 528 W. Maple 90245 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Photographer Beach Reporter | Auction Item | 300 ⁰⁰ | 1050 ⁰⁰ | — |
| 1/24/15 | Claudia Berman 443 2nd street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales oracle | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | Claudia Lindwall 628 Porter Lane 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Auction Item | 150 ⁰⁰ | 150 ⁰⁰ | — |
| 1/24/15 | Dan Harmon 2223 Manhattan Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Auction Item | 150 ⁰⁰ | 150 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ <u>700.00</u> | | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>49</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Henmosa Beach oil - Committee Against Measure O

I.D. NUMBER
1346645

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|---------------------------------------|---|------------------------------------|
| 1/24/15 | Dandelion Salon 1093 1/2 Aviation 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 300 ⁰⁰ | 300 ⁰⁰ | - |
| 1/24/15 | David Adler 943 15th place 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EVP Dynasty | Auction Item | 500 ⁰⁰ | 500 ⁰⁰ | - |
| 1/23/15 | Dennis Jarvis 591 18th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner spyder surf shop | Auction Item | 1500 ⁰⁰ | 1500 ⁰⁰ | - |
| 1/27/15 | Dennis Jarvis 591 18th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner spyder surf shop | Auction Item | 1500 ⁰⁰ | 3000 ⁰⁰ | - |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ 3000 ⁰⁰ | | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>50</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER

1346645

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Dermastore 1316 Hermosa Ave 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/23/15 | Douglas Collins 548 2nd street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Labor Arbitrator R. Douglas Collins Arbitrator | Auction Item | 2000 ⁰⁰ | 2000 ⁰⁰ | — |
| 1/23/15 | Douglas Collins 548 2nd street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Labor Arbitrator R. Douglas Collins, Arbitrator | Auction Item | 1200 ⁰⁰ | 3200 ⁰⁰ | — |
| 1/24/15 | Alice Villalobos 1560 PCH 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Vet Animal Oncology Consultation SVCS | Auction Item | 145 ⁰⁰ | 145 ⁰⁰ | — |
| | | | | | SUBTOTAL \$ | 3445.00 | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

*Contributor Codes
IND – Individual
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(other than PTY or SCC)
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SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>51</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|---------------------------------------|---|------------------------------------|
| 1/24/15 | Electric 1001 Calle Amanecer 92673 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 300 ⁰⁰ | 300 ⁰⁰ | — |
| 1/24/15 | Evolution Salon 934 Hermosa Ave #6 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 275 ⁰⁰ | 275 ⁰⁰ | — |
| 1/23/15 | Fulbright Dental 1815 Via El Prado #200 90277 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 4500 ⁰⁰ | 4500 ⁰⁰ | — |
| 1/24/15 | Gingers Healthy Habits 84 17th Street 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 150 ⁰⁰ | 150 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ 5225.⁰⁰ | | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
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- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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**Schedule C
Nonmonetary Contributions Received**

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SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>52</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

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NAME OF FILER

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|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Gum Tree 238 PER Ave. 90264 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 262. ⁷⁵ | 262. ⁷⁵ | — |
| 1/24/15 | Gurus gate yoga 815 manhattan Ave 90266 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 432. ⁰⁰ | 432. ⁰⁰ | — |
| 1/24/15 | Hany Fangany 730 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney velasco Law Group | Auction Item | 640. ⁰⁰ | 640. ⁰⁰ | — |
| 1/24/15 | Hermosa Pie + Cake Co. 133 Hermosa Ave. 90264 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 425. ⁰⁰ | 425. ⁰⁰ | — |
| | | | | | SUBTOTAL \$ | <u>1759.⁷⁵</u> | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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(Include all Schedule C subtotals.) \$ _____
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**Schedule C
Nonmonetary Contributions Received**

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SCHEDULE C

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>53</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER
1346645

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Jani Logan 2802 Ingleside Dr. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Photographer Jani Logan Photography | Auction Item | 575 ⁰⁰ | 575 ⁰⁰ | — |
| 1/23/15 | Jani Lange 632 Ardmore Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Electric | Auction Item | 2500 ⁰⁰ | 2500 ⁰⁰ | — |
| 1/24/15 | Jani Lange 632 Ardmore Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Electric | Auction Item | 200 ⁰⁰ | 2700 ⁰⁰ | — |
| 1/24/15 | Jani Lange 632 Ardmore Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Electric | Auction Item | 200 ⁰⁰ | 2900 ⁰⁰ | — |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3475.00

Schedule C Summary

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(Include all Schedule C subtotals.) \$ _____
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**Schedule C
Nonmonetary Contributions Received**

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SCHEDULE C

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | | CALIFORNIA FORM 460 |
| | | Page <u>54</u> of <u>90</u> |
| | | I.D. NUMBER <u>1346645</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

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|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Jani Lange 632 Ardmore Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Electric | Auction Item | 225 ⁰⁰ | 3125 ⁰⁰ | — |
| 1/29/15 | Ed Soares 509 Calle Miramar 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner RFA Fight League | Auction Item | 340 ⁰⁰ | 340 ⁰⁰ | — |
| 1/24/15 | Jay Sheldon 236 10th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Rep globe | Auction Item | 250 ⁰⁰ | 250 ⁰⁰ | — |
| 1/24/15 | Jessie Lurie 802 Monterey #5 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor The Waters Edge Group - Keller Williams | Auction Item | 300 ⁰⁰ | 300 ⁰⁰ | — |
| | | | | | SUBTOTAL \$ | <u>1115.00</u> | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
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- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE C

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>55</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

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|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Jiynn Jewelry 565 Pier Ave #171 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 210 ⁰⁰ | 210 ⁰⁰ | — |
| 1/24/15 | Joan Roney 2654 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Auction Item | 500 ⁰⁰ | 500 ⁰⁰ | — |
| 1/24/15 | John Wayne Miller 936 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Photographer John Miller Photography | Auction Item | 550 ⁰⁰ | 550 ⁰⁰ | — |
| 1/24/15 | Jon Hollosi 117 Monterey Blvd 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner Tails Gone Wild | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | — |
| | | | | | SUBTOTAL \$ | <u>1360⁰⁰</u> | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
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SCHEDULE C

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>56</u> of <u>90</u> |
| | I.D. NUMBER <u>1346645</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure 0

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Kelsey Fair 200 Perry Street 90278 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist The Artist within | Auction Item | 250 ⁰⁰ | 250 ⁰⁰ | — |
| 1/24/15 | The Lily Pad 901 Hermosa Ave. 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | M2SK 901 Hermosa Ave 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 500 ⁰⁰ | 500 ⁰⁰ | — |
| 1/24/15 | Marianne Scolinos 1001 1st Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist Independent | Auction Item | 125 ⁰⁰ | 125 ⁰⁰ | — |
| | | | | | SUBTOTAL \$ 975,00 | | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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(Include all Schedule C subtotals.) \$ _____
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- Total nonmonetary contributions received this period.
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**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE C

| | | |
|--|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/18/15 | |
| through | 2/14/15 | Page 57 of 90 |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | I.D. NUMBER 1346645 |

Stop Hermosa Beach Oil - Committee Against Measure O

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|---------------------------------------|---|------------------------------------|
| 1/24/15 | Matt Singley 2417 Grant Ave #B 90278 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Hurley | Auction Item | 240 ⁰⁰ | 240 ⁰⁰ | — |
| 1/24/15 | Matt Singley 2417 Grant Ave #B 90278 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Hurley | Auction Item | 140 ⁰⁰ | 380 ⁰⁰ | — |
| 1/24/15 | Melting Pot Food Tours PO Box 844 90267 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 150 ⁰⁰ | 150 ⁰⁰ | — |
| 1/24/15 | Michael Binder 640 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Private Jet Broker Altitude Aviation | Auction Item | 538 ⁰⁰ | 538 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ 1068 ⁰⁰ | | |

Schedule C Summary

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- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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**Schedule C
Nonmonetary Contributions Received**

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SCHEDULE C

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>58</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

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|---------------|--|---|--|----------------------------------|--|---|------------------------------------|
| 1/23/15 | Michael Binder 640 Loma Drive 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Private Jet Broker Altitude Aviation | Auction Item | 1,000 ⁰⁰ | 1,538 ⁰⁰ | — |
| 1/23/15 | Michael Collins 520 8th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychologist Michael Collins, A Psychological Corp | Auction Item | 1,750 ⁰⁰ | 1,750 ⁰⁰ | — |
| 1/24/15 | Michael Collins 520 8th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychologist Michael Collins, A Psychological Corp. | Auction Item | 300 ⁰⁰ | 2,050 ⁰⁰ | — |
| 1/24/15 | Mike Longacre 1301 Manhattan Ave 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner @ Mike's guitar PARTER | Auction Item | 175 ⁰⁰ | 175 ⁰⁰ | — |
| | | | | | SUBTOTAL \$ <u>3,225⁰⁰</u> | | |

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| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>59</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

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|---|--|---|--|----------------------------------|---------------------------------------|---|------------------------------------|
| 1/24/15 | Mizu Hair Salon 1601 PCH #280 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/23/15 | Nathan Pompa 819 Tempuscircle 93420 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Lifeguard Hermosa Beach | Auction Item | 1,585 ⁰⁰ | 1,585 ⁰⁰ | — |
| 1/24/15 | Nicole Forige 200 Pier Ave. Suite 304 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner Vibe method | Auction Item | 300 ⁰⁰ | 300 ⁰⁰ | — |
| 1/24/15 | Nikau Kai 1300 Highland Ave 90266 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 150 ⁰⁰ | 150 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ 2135 ⁰⁰ | | |

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SCHEDULE C

| | |
|--|-----------------------------|
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| | Page <u>60</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

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NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|----------------------------------|---|------------------------------------|
| 1/24/15 | Niki Solimna 526 Loma Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist Niki Solimna ART | Auction Item | 200 ⁰⁰ | 200 ⁰⁰ | — |
| 1/24/15 | Noel Mazzone 125 30th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Coach UCLA | Auction Item | 250 ⁰⁰ | 250 ⁰⁰ | — |
| 1/24/15 | Noel Mazzone 125 30th Street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Coach UCLA | Auction Item | 250 ⁰⁰ | 500 ⁰⁰ | — |
| 1/24/15 | Pampered Tot 339 PCH 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ <u>700.00</u> | | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
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PTY – Political Party
SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>01</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|----------------------------|---|------------------------------------|
| 1/24/15 | Peggy Cohen 1222 20th street 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist Peggy Cohen ART | Auction Item | 160 ⁰⁰ | 160 ⁰⁰ | — |
| 1/24/15 | Paul Repetti PO Box 3654 90277 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Southbay Automotive | Auction Item | 300 ⁰⁰ | 300 ⁰⁰ | — |
| 1/23/15 | Peter Ellis 1037 Sunset Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Software Engineer Northrup Grummen | Auction Item | 3000 ⁰⁰ | 3000 ⁰⁰ | — |
| 1/23/15 | Peter Ellis 1037 Sunset Drive 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Software Engineer Northrup Grummen | Auction Item | 2500 ⁰⁰ | 5500 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ 5960.00 | | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ _____
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**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>62</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

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NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

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|---|--|---|--|----------------------------------|--------------------------------------|---|------------------------------------|
| 1/24/15 | Piano Lessons by Emily 200 Pier Avenue Suite 303 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | Rebel Coast Winery 501 25th Street 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/24/15 | Renumi 901 N. PCH Suite 106 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 185 ⁰⁰ | 185 ⁰⁰ | — |
| 1/24/15 | Renumi 901 N. PCH Suite 106 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 135 ⁰⁰ | 320 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ 520 ⁰⁰ | | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>63</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

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|---|--|---|--|----------------------------------|---------------------------------------|---|------------------------------------|
| 1/24/15 | Rob Kole 1900 The Strand 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | import/export Kole Imports | Auction Item | 750 ⁰⁰ | 750 ⁰⁰ | — |
| 1/24/15 | Ron Siegel 2906 Hermosa View Dr. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | OWNER 3.17 Productions, LLC | Auction Item | 400 ⁰⁰ | 400 ⁰⁰ | — |
| 1/24/15 | S Factor 5225 Wilshire Blvd #B 90026 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 600 ⁰⁰ | 600 ⁰⁰ | — |
| 1/24/15 | Sector 9 36 18th Street 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 120 ⁰⁰ | 120 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ 1870 ⁰⁰ | | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>64</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

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NAME OF FILER

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|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Sector 9 36 18th Street 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 140 ⁰⁰ | 260 ⁰⁰ | — |
| 1/24/15 | Skin Savvy 49 Pier Ave 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 150 ⁰⁰ | 150 ⁰⁰ | — |
| 1/24/15 | South Bay Aviation 3841 Airport Drive #100 90503 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 129 ⁹⁹ | 129 ⁹⁹ | — |
| 1/24/15 | Tarzan Standup 936 Hermosa Ave #105 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 254 ⁰⁰ | 254 ⁰⁰ | — |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 673.99

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
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SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>65</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

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|---|--|---|--|----------------------------------|---------------------------------------|---|------------------------------------|
| 1/24/15 | Mank You + Be Well 308 19th Street 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 150 ⁰⁰ | 150 ⁰⁰ | — |
| 1/24/15 | The Deck 1222 The Strand 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 225 ⁰⁰ | 225 ⁰⁰ | — |
| 1/24/15 | The standing Room 1320 Hermosa Ave 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 100 ⁰⁰ | 100 ⁰⁰ | — |
| 1/23/15 | Titan and Co. 1601 N. Sepulveda Blvd 90266 #622 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 1050 ⁰⁰ | 1050 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ 1525 ⁰⁰ | | |

Schedule C Summary

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- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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**Schedule C
Nonmonetary Contributions Received**

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SCHEDULE C

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|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>66</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

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Stop Henmosa Beach Oil - Committee Against Measure O

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|---|--|---|--|----------------------------------|--------------------------------------|---|------------------------------------|
| 1/24/15 | Wicked 145 Pier Ave 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 168 ⁰⁰ | 168 ⁰⁰ | — |
| 1/24/15 | Wine of the Month Club 907 Magnolia 91016 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 600 ⁰⁰ | 600 ⁰⁰ | — |
| 1/24/15 | Wine of the Month Club 907 Magnolia 91016 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 98 ⁰⁰ | 698 ⁰⁰ | — |
| 1/24/15 | Wondertree Kids 710-A S. Allied Way 90245 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Auction Item | 104 ⁰⁰ | 104 ⁰⁰ | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ 970 ⁰⁰ | | |

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ _____
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- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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**Schedule C
Nonmonetary Contributions Received**

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SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| Page <u>67</u> of <u>90</u> | I.D. NUMBER <u>1346645</u> |

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NAME OF FILER

Stop Hemmosa Beach oil - Committee Against Measure O

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|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Brad Sorensen 803 Bard St. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Design consultant. Independent | Auction Item | 400 ⁰⁰ | 400 ⁰⁰ | — |
| 1/24/15 | David Deane 834B Bard St. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Augra Health | Bottle openers | 600 ⁰⁰ | 600 ⁰⁰ | — |
| 2/5/15 | Fresh Brothers 2008 N. Sepulveda Blvd 90266 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | — | Pizza | 150 ⁰⁰ | 150 ⁰⁰ | — |
| 1/24/15 | Granny's Grocery 635 Monterey Blvd 90254 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | — | Sandwiches | 108 ⁰⁰ | 108 ⁰⁰ | — |
| | | | | | SUBTOTAL \$ | <u>1258.00</u> | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1258.00

Schedule C Summary

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**Schedule C
Nonmonetary Contributions Received**

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SCHEDULE C

| | |
|--|-----------------------------|
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| | Page <u>68</u> of <u>90</u> |
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|---------------|--|---|--|----------------------------------|---------------------------------------|---|------------------------------------|
| 1/24/15 | Jani Lange 632 Ardmore Ave. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Electric | Auction Item | 200 ⁰⁰ | 3325 ⁰⁰ | — |
| 1/24/15 | Jani Lange 632 Ardmore Ave. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Electric | Auction Item | 100 ⁰⁰ | 3425 ⁰⁰ | — |
| 1/24/15 | Renee Stauffer 2906 Hermosa View Dr. 90254 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Producer 3.17 Productions LLC | Auction Item | 180 ⁰⁰ | 180 ⁰⁰ | — |
| 1/24/15 | Eva Texido Font 54061 W. Rosecrans Ave 90250 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Reiki master White House Pilates | Auction Item | 120 ⁰⁰ | 120 ⁰⁰ | — |
| | | | | | SUBTOTAL \$ 600. ⁰⁰ | | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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(Include all Schedule C subtotals.) \$ _____
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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>69</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

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NAME OF FILER

Stop Hemmosa Beach Oil - Committee Against Measure O

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|---|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/24/15 | Manhattan Bread + Bagel 1812 N. Sepulveda Blvd 90266 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Canvassing Supplies | 59.25 | 223.25 | — |
| 1/30/15 | Manhattan Bread + Bagel 1812 N. Sepulveda Blvd. 90266 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Canvassing Supplies | 59.25 | 282.50 | — |
| 2/14/15 | Manhattan Bread + Bagel 1812 N. Sepulveda Blvd. 90266 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Entity | Canvassing Supplies | 59.25 | 341.75 | — |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | — |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ | <u>177.75</u> | |

Schedule C Summary

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**Schedule E
Payments Made**

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

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>70</u> of <u>90</u> |
| I.D. NUMBER <u>1346645</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure O

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------------|----|------------------------|-----------------------------------|
| <u>Square 1455 Market Street Suite 600 San Francisco, CA 94103</u> | <u>OFC</u> | | | <u>800.⁰⁹</u> |
| <u>Studio 637 637 Cypress Ave. Hermosa Beach 90254</u> | <u>FND</u> | | | <u>600.⁰⁰</u> |
| <u>Paypal 2211 North First Street San Jose, CA 95131</u> | <u>OFC</u> | | | <u>145.³⁴</u> |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | | | SUBTOTAL \$ <u>1545.43</u> |

Schedule E Summary

| | |
|--|---|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ <u>39,822.⁷²</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>282.⁴⁸</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>40,105.²⁰</u> |

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>71</u> of <u>90</u> |
| | I.D. NUMBER <u>1346645</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure D

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|--------------------|
| Paypal. 2211 North First Street 95131 | OFC | | 243.69 |
| Paypal 2211 North First Street 95131 | OFC | | 151.10 |
| King Graphics 8517 Production Ave 90212 | CMP | | 787. ⁰⁰ |
| Kevin Sousa 631 Loma Dr. 90254 | FND | | 753.36 |
| Studio 637 637 Cypress Ave. 90254 | FND | | 600. ⁰⁰ |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2535.17

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

| | | |
|--|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/18/15 | |
| through | 2/14/15 | Page 72 of 90 |
| NAME OF FILER | | I.D. NUMBER |
| Stop Hermosa Beach Oil - Committee Against Measure D | | 1346645 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-----------------------|
| Stephen Sammarco 2304 Mathews Ave. Suite 4 90278 | LIT | | 8973. ⁰⁰ |
| Stephen Sammarco 2304 Mathews Ave Suite 4 90278 | LIT | | 6449. ⁰⁰ |
| Abigaile 1301 Manhattan Ave. 90254 | FND | | 11,099. ¹⁶ |
| Michaels 14370 Ocean Gate Ave. 90250 | FND | | 125. ⁷⁹ |
| Abigaile 1301 Manhattan Ave. 90254 | FND | | 180. ⁴² |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 26,827.³⁷

**Schedule E
(Continuation Sheet)
Payments Made**

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

| | | |
|--|---------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/18/15 | |
| through | 2/14/15 | Page 73 of 90 |
| NAME OF FILER | | I.D. NUMBER |
| Stop Hermosa Beach Oil - Committee Against Measure D | | 1346645 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure D

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------------|------------------------|---------------------|
| Mike Sutherland 700 Esplanade #7 Redondo Beach, CA 90277 | FND | | 318 ⁰⁰ |
| Paypal 2211 North First Street 95131 | OFC | | 143.85 |
| LB Industries 16209 Minnesota Ave 90723 | CMP | | 354.90 |
| Stephen Sammarco 2304 Mathews Ave. Suite 4 90278 | CNS LIT | | 8098. ⁰⁰ |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 8914.75

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>74</u> of <u>90</u> |
| | I.D. NUMBER <u>1346645</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure 0

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|--------------------------------|--|------------------------------------|---|--|
| California State Board of Equalization P.O. Box 942879 Sacramento, CA 94279 | OFC | 774.78 | 0 | 0 | 774.78 |
| LB Industries 16209 Minnesota Ave. Paramount, CA 90723 | CMP | 354.90 | 0 | 354.90 | 0 |
| Stephen Sammarco 2304 Mathews Ave. Suite 4 Redondo Beach, CA 90278 | LIT | 8098. ⁰⁰ | 55,268. ⁰⁰ | 8098. ⁰⁰ | 55,268. ⁰⁰ |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | SUBTOTALS \$ 9226.78 \$ 55268.⁰⁰ \$ 8452.90 \$ 56,042.78 | | | |

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 74,177.22**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 8,452.90**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -65,724.32**
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F (CONT.)

| | | |
|--|---------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/18/15 | |
| through | 2/19/15 | Page 75 of 90 |
| NAME OF FILER | | I.D. NUMBER |
| Stop Hermosa Beach oil - Committee Against Measure O | | 1346645 |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND Independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Jani Lange 632 Ardmore Ave Hermosa Beach CA 90254 | FND | 0 | 130.80 | 0 | 130.80 |
| Strumwasser + Woocher, LLP 10940 Wilshire Blvd #2000 Los Angeles, CA 90024 | LEG | 0 | 3960.00 | 0 | 3690.00 |
| The Beach Reporter 2615 PCH, Suite 329 Hermosa Beach, CA 90254 | PRT | 0 | 5660.00 | 0 | 5660.00 |
| Kevin Sousa 631 Loma Drive Hermosa Beach, CA 90254 | FND | 0 | 160.00 | 0 | 160.00 |
| SUBTOTALS \$ | | 0 | \$ 9640.80 | \$ 0 | \$ 9640.80 |

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/19/15</u> | CALIFORNIA FORM 460 |
| | Page <u>76</u> of <u>90</u> |
| | I.D. NUMBER <u>1346645</u> |

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure O

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|---------------------------------------|---|--|
| Abigail 1301 Manhattan Ave. Hermosa Beach, 90254 | FND | 0 | 3000. ⁰⁰ | 0 | 3000. ⁰⁰ |
| Alex Smith 508 Manhattan Ave. Hermosa Beach, 90254 | FND | 0 | 650. ⁰⁰ | 0 | 650. ⁰⁰ |
| The Easy Reader 2200 PCH Hermosa Beach, CA 90254 | PRT | 0 | 5,250. ⁰⁰ | 0 | 5,250. ⁰⁰ |
| Barbara Ellman 530 Loma Dr. Hermosa Beach 90254 | FND | 0 | 368.42 | 0 | 368.42 |
| SUBTOTALS \$ | | 0 | \$ 9,268.42 | \$ 0 | \$ 9,268.42 |

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 1/18/15
through 2/14/15

CALIFORNIA FORM **460**
Page 77 of 90

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 1/24/15 | Tracy Bercu 641 Loma Drive 90254 | Auction Item | 200 ⁰⁰ |
| 1/24/15 | Aimee Blinder 8700 Pershing Drive #4309 90293 | Auction Item | 125 ⁰⁰ |
| 1/24/15 | Aimee Blinder 8700 Pershing Drive #4309 90293 | Auction Item | 250 ⁰⁰ |
| 1/24/15 | David Brunner 2434 Manhattan Ave 90254 | Auction Item | 1400 ⁰⁰ |
| 1/29/15 | David Brunner 2434 Manhattan Ave 90254 | Auction Item | 900 ⁰⁰ |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2875.00

Schedule I Summary

| | |
|---|--------------------|
| 1. Itemized increases to cash this period. | \$ 25,025.00 |
| 2. Unitemized increases to cash of under \$100 this period. | \$ 2098.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ 0 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ 27,123.00 |

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1/18/15
through 2/14/15

SCHEDULE I
CALIFORNIA FORM **460**

Page 78 of 90

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER
1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 1/26/15 | David Brunner 2434 Manhattan Avenue 90254 | Bottle opener | 40.00 |
| 1/24/15 | John Buch 1113 Cypress Avenue 90254 | Auction Item | 550.00 |
| 1/24/15 | Julie Christensen 446 Monterey Blvd Apt F2 90254 | Auction Item | 325.00 |
| 1/24/15 | Matt Cottrell 1928 The Strand 90254 | Auction Item | 700.00 |
| 1/24/15 | Matt Cottrell 1928 The Strand 90254 | Auction Item | 200.00 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1815.00

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ _____

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 1/18/15
through 2/14/15

CALIFORNIA
FORM **460**

Page 79 of 90

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|----------------|---|------------------------|----------------------------|
| <u>1/24/15</u> | <u>Matt Cottrell 1928 The Strand 90254</u> | <u>Auction Item</u> | <u>750⁰⁰</u> |
| <u>1/24/15</u> | <u>Debra Cucci 1127 6th Street 90254</u> | <u>Auction Item</u> | <u>170⁰⁰</u> |
| <u>1/24/15</u> | <u>Peter Ellis 1037 Sunset Drive 90254</u> | <u>Auction Item</u> | <u>150⁰⁰</u> |
| <u>1/24/15</u> | <u>Peter Ellis 1037 Sunset Drive 90254</u> | <u>Auction Item</u> | <u>70⁰⁰</u> |
| <u>1/24/15</u> | <u>Peter Ellis 1037 Sunset Drive 90254</u> | <u>Auction Item</u> | <u>210⁰⁰</u> |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1350.00

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ _____

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

| | | |
|-------------------------|---------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/18/15 | |
| through | 2/14/15 | Page <u>80</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 1/24/15 | Ira Ellman 530 Loma Drive 90254 | Auction Item | 175 ⁰⁰ |
| 1/24/15 | Hany Fangary 730 The Strand 90254 | Auction Item | 50 ⁰⁰ |
| 1/24/15 | Hany Fangary 730 The Strand 90254 | Auction Item | 140 ⁰⁰ |
| 1/24/15 | Hany Fangary 730 The Strand 90254 | Auction Item | 500 ⁰⁰ |
| 1/24/15 | Phil Friedl 701 Loma Drive 90254 | Auction Item | 225 ⁰⁰ |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1090.00

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1/18/15
through 2/14/15

SCHEDULE I
CALIFORNIA FORM 460
Page 81 of 96

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|----------------|---|------------------------|----------------------------|
| <u>1/24/15</u> | <u>Nicholas Fumia 1205 19th Street 90254</u> | <u>Auction Item</u> | <u>175.00</u> |
| <u>1/24/15</u> | <u>Ingrid geidt 803 Bard street 90254</u> | <u>Auction Item</u> | <u>90.00</u> |
| <u>1/24/15</u> | <u>Ingrid geidt 803 Bard street 90254</u> | <u>Auction Item</u> | <u>65.00</u> |
| <u>1/24/15</u> | <u>Kevin Hoose 2059 Monterey Blvd 90254</u> | <u>Auction Item</u> | <u>220.00</u> |
| <u>1/24/15</u> | <u>Steven Huot 429 Longfellow Ave. 90254</u> | <u>Auction Item</u> | <u>190.00</u> |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 740.00

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1/18/15
through 2/14/15

SCHEDULE I
CALIFORNIA FORM **460**

Page 82 of 90

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 1/24/15 | Susan Izant 726 Envira Ave Unit B 90277 | Auction Item | 250 ⁰⁰ |
| 1/24/15 | Dennis Jarvis 591 18th Street 90254 | Auction Item | 200 ⁰⁰ |
| 1/24/15 | Rob Kole 1900 The Strand 90254 | Auction Item | 2000 ⁰⁰ |
| 1/24/15 | Janis Lange 632 Ardmore Avenue 90254 | Auction Item | 750. ⁰⁰ |
| 1/24/15 | Mike Longacre 1302 Ocean Avenue 90254 | Auction Item | 200. ⁰⁰ |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3400.00

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ _____

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1/18/15
through 2/14/15

SCHEDULE I

CALIFORNIA FORM **460**

Page 83 of 90

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach Oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|----------------|---|------------------------|----------------------------|
| <u>1/24/15</u> | <u>Randy Madrid 20 20th Street 90254</u> | <u>Auction Item</u> | <u>520.00</u> |
| <u>1/24/15</u> | <u>Lauren mains 518 The Strand 90254</u> | <u>Auction Item</u> | <u>325.00</u> |
| <u>1/24/15</u> | <u>Tom malone 1617 Via Montemar 90274</u> | <u>Auction Item</u> | <u>425.00</u> |
| <u>1/24/15</u> | <u>Justin Massey 848 Bard Street 90254</u> | <u>Auction Item</u> | <u>200.00</u> |
| <u>1/24/15</u> | <u>David Pederson 2033 Hillcrest Drive 90254</u> | <u>Auction Item</u> | <u>100.00</u> |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1570.00

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/18/15 | |
| through | 2/14/15 | Page 84 of 90 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 1/24/15 | Michael Phillips JR. 1010 Ardmore Ave 90254 | Auction Item | 150. ⁰⁰ |
| 1/24/15 | Miyo Prassas 1753 Valley Park Drive 90254 | Auction Item | 200. ⁰⁰ |
| 1/24/15 | Jason Rice 301 25th Street 90254 | Auction Item | 700. ⁰⁰ |
| 1/24/15 | Jason Rice 301 25th Street 90254 | Auction Item | 150. ⁰⁰ |
| 1/24/15 | Elise Robins 2914 Hermosa View Drive 90254 | Auction Item | 650. ⁰⁰ |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

1850.⁰⁰

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 1/18/15
through 2/14/15

CALIFORNIA FORM 460
Page 85 of 90

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|----------------|---|------------------------|----------------------------|
| <u>1/24/15</u> | <u>Michael Root 715 2nd Street 90254</u> | <u>Auction Item</u> | <u>1600.⁰⁰</u> |
| <u>1/24/15</u> | <u>Gavin Rubin 2608 183rd Street 90254</u> | <u>Auction Item</u> | <u>190.⁰⁰</u> |
| <u>1/24/15</u> | <u>Stephen Sammarzo 2314 Mathews Ave #4 90278</u> | <u>Auction Item</u> | <u>210.⁰⁰</u> |
| <u>1/24/15</u> | <u>Stephen Sammarzo 2314 Mathews Ave #4 90278</u> | <u>Auction Item</u> | <u>300.⁰⁰</u> |
| <u>1/24/15</u> | <u>Matt Schaub 700 7th Street 90254</u> | <u>Auction Item</u> | <u>225.⁰⁰</u> |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2525.00

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1/18/15
through 2/14/15

SCHEDULE I
CALIFORNIA FORM **460**

Page 86 of 90

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER
1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 1/24/15 | Matt Schaub 700 7th Street 90254 | Auction Item | 650. ⁰⁰ |
| 1/24/15 | Matt Schaub 700 7th Street 90254 | Auction Item | 95. ⁰⁰ |
| 1/24/15 | Matt Schaub 700 7th Street 90254 | Auction Item | 900. ⁰⁰ |
| 1/24/15 | Mark Shoemaker 600 N. Poinsethia Ave 90266 | Auction Item | 145. ⁰⁰ |
| 1/24/15 | Mark Shoemaker 600 N. Poinsethia Ave 90266 | Auction Item | 160. ⁰⁰ |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1950.⁰⁰

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ _____

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1/18/15
through 2/14/15

SCHEDULE I
CALIFORNIA FORM 460
Page 87 of 90

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER
1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 1/24/15 | Mark Shoemaker 600 N. Poinsettia Avenue 90254 | Auction Item | 350. ⁰⁰ |
| 1/24/15 | Christine Shuken 1005 South Catalina Ave #C 90277 | Auction Item | 175. ⁰⁰ |
| 1/24/15 | Christine Shuken 1005 South Catalina Ave #C 90277 | Auction Item | 350. ⁰⁰ |
| 1/24/15 | Christine Shuken 1005 South Catalina Ave #C 90277 | Auction Item | 125. ⁰⁰ |
| 1/24/15 | Loretta Sparks 616 8th place 90254 | Auction Item | 250. ⁰⁰ |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1250.00

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ _____

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 1/18/15
through 2/14/15

CALIFORNIA FORM **460**

Page 88 of 90

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|----------------|---|------------------------|----------------------------|
| <u>1/24/15</u> | <u>Renee Stauffer 2906 Hermosa View Drive 90254</u> | <u>Auction Item</u> | <u>1200.⁰⁰</u> |
| <u>1/24/15</u> | <u>Renee Stauffer 2906 Hermosa View Drive 90254</u> | <u>Auction Item</u> | <u>250.⁰⁰</u> |
| <u>1/24/15</u> | <u>Jennifer Velasquez 648 Loma Drive 90254</u> | <u>Auction Item</u> | <u>300.⁰⁰</u> |
| <u>1/24/15</u> | <u>Jennifer Velasquez 648 Loma Drive 90254</u> | <u>Auction Item</u> | <u>675.⁰⁰</u> |
| <u>1/24/15</u> | <u>Jennifer Velasquez 648 Loma Drive 90254</u> | <u>Auction Item</u> | <u>210.⁰⁰</u> |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

2635.00

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ _____

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>89</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 1/24/15 | Kelly West 420 29th Street 90254 | Auction Item | 250. ⁰⁰ |
| 1/24/15 | Geoffrey Yarema 2160 Monterey Blvd 90254 | Auction Item | 200. ⁰⁰ |
| 2/3/15 | David Alder 943 15th Place 90254 | Auction Item | 550. ⁰⁰ |
| 2/3/15 | Carol Reznichuk 2234 The Strand 90254 | Auction Item | 200. ⁰⁰ |
| 2/3/15 | Rudy Ortiz 176 Argonne Unit A 90803 | Auction Item | 325. ⁰⁰ |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1525.⁰⁰

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

| | |
|--|-----------------------------|
| Statement covers period from <u>1/18/15</u> through <u>2/14/15</u> | CALIFORNIA FORM 460 |
| | Page <u>90</u> of <u>90</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stop Hermosa Beach oil - Committee Against Measure O

I.D. NUMBER

1346645

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|----------------|---|------------------------|----------------------------|
| <u>1/26/15</u> | <u>Chuck Wilson 1921 Manhattan Avenue 90254</u> | <u>Auction Item</u> | <u>350⁰⁰</u> |
| <u>1/24/15</u> | <u>Pope Enterprises LLC 2629 Manhattan Ave 90254</u> | <u>Auction Item</u> | <u>100⁰⁰</u> |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

450.00

Schedule I Summary

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____