

# 497 Contribution Report

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

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

**AREA CODE/PHONE NUMBER**      **I.D. NUMBER (if applicable)**  
{916}442-2952      1375166

**STREET ADDRESS**  
942 Calle Negocio, Suite 350

**CITY**      **STATE**      **ZIP CODE**  
San Clemente      CA      92673

**Date of This Filing** 02/17/2015

**Report No.** 14423

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

497 CONTRIBUTION REPORT

**CALIFORNIA FORM 497**

For Official Use Only

Date Stamp  
**FEB 17 2015**  
CITY CLERK  
CITY OF HERMOSA BEACH

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/15/2015	Heal the Bay 1444 9th Street Santa Monica, CA 90401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

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

FPPC Form 497 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)