

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> CENTER FOR BIOLOGICAL DIVERSITY		<b>Date of This Filing</b> <u>02/19/2015</u>	<b>Date Stamp</b>	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (415) 436-9682	<b>I.D. NUMBER (if applicable)</b> 1372356	<b>Report No.</b> <u>P15-CBD-02</u>		
<b>STREET ADDRESS</b> 351 CALIFORNIA STREET, SUITE 600		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> SAN FRANCISCO	<b>STATE</b> CA	<b>ZIP CODE</b> 94104	<b>No. of Pages</b> <u>1</u>	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED				
<b>OFFICE SOUGHT OR HELD</b>	<b>DISTRICT NO.</b>	<b>SUPPORT</b>	<b>OPPOSE</b>	<b>MEASURE O</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>
						CITY OF HERMOSA BEACH		X

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
01/17/2015	ESTIMATE OF INDEPENDENT EXPENDITURE OF STAFF TIME COVERING PERIOD 1/1/15 - 1/17/15 Cumulative to date total \$3642.04	884.56
02/14/2015	ESTIMATE OF INDEPENDENT EXPENDITURE OF STAFF TIME COVERING PERIOD 1/18/15 - 2/14/15 Cumulative to date total \$3642.04	1,649.88
02/19/2015	ESTIMATE OF INDEPENDENT EXPENDITURE OF STAFF TIME COVERING PERIOD 2/15/15 - 3/2/15 Cumulative to date total \$3642.04	1,107.60

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

## FAX COVER SHEET

TO Hermosa Beach City Clerk

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COMPANY

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FAX NUMBER 13103726186

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FROM James Sutton

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DATE 2015-02-19 20:25:49 GMT

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RE P15-CBD-02

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## COVER MESSAGE

See attached.

## FAX COVER SHEET

**TO** Hermosa Beach City Clerk

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**COMPANY**

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**FAX NUMBER** 13103726186

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See attached.

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