

497 Contribution Report

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

497 CONTRIBUTION REPORT

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

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

STREET ADDRESS
942 Calle Negocio, Suite 350

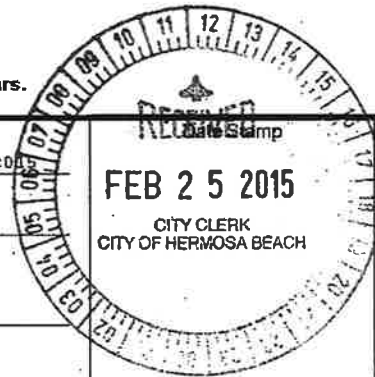
CITY San Clemente **STATE** CA **ZIP CODE** 92673

Date of This Filing 02/25/2015

Report No. 14396

Amendment to Report No. 14396
(explain below)

No. of Pages 4



CALIFORNIA FORM 497
For Official Use Only

1. Contribution(s) Received

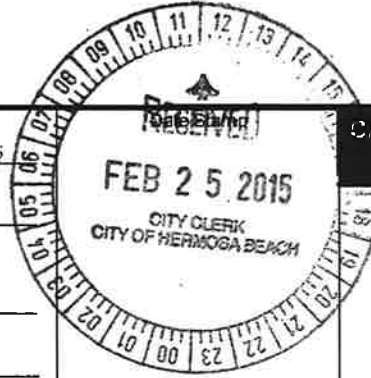
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/03/2015	Shawn Darcy 502 The Strand Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/21/2014	Bany Fangary 730 The Strand Hermosa Beach, CA 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	5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/23/2014	Barbara Guild 1920 The Strand Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*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

Reason for Amendment: Update late contribution report

497 Contribution Report

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



497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

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

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

STREET ADDRESS
942 Calle Negocio, Suite 350

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

Date of This Filing 02/25/2015

Report No. 14396

Amendment to Report No. 14396
(explain below)

No. of Pages 4

1. Contribution(s) Received

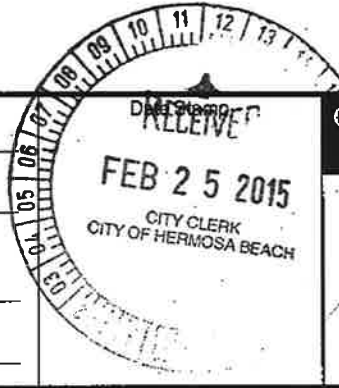
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/15/2015	Heal the Bay 1444 9th Street Santa Monica, CA 90401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.88 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/31/2015	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		1,767.15 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/20/2014	Chris Karkenny 732 The Strand Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

***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

Reason for Amendment: Update late contribution report

497 Contribution Report

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



497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

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

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

STREET ADDRESS
942 Calle Negocio, Suite 350

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

Date of This Filing 02/25/2015

Report No. 14396

Amendment to Report No. 14396
(explain below)

No. of Pages 4

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE ^a	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/30/2014	John Gregory Maffei 43 6th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker Re/Max Estate Properties	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/30/2014	Justin Massey 848 Bard Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Miller & Axline	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/30/2014	James Moriarty 42 8th Street Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

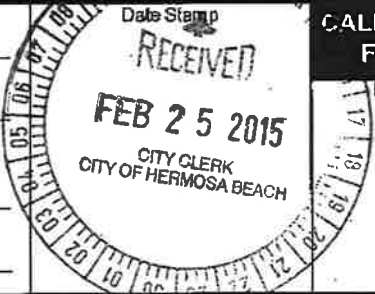
***Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: Update late contribution report

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Surfrider Foundation (Non Profit 501 (c) (3)) - No on Measure O sponsored by environmental organizations			Date of This Filing 02/25/2015		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 442-2952	I.D. NUMBER (if applicable) 1375166		Report No. 14396		
STREET ADDRESS 942 Calle Negocio, Suite 350			<input checked="" type="checkbox"/> Amendment to Report No. 14396 (explain below)		
CITY San Clemente	STATE CA	ZIP CODE 92673	No. of Pages 4		

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
12/29/2014	Ricardo Reznichuk 2234 The Strand Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician UCLA Medical Center	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/26/2014	Diane F. Sheldon 1800 The Strand Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,000.00 <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

*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

Reason for Amendment: Update late contribution report