



"Megan C. Krat" <Mkrat@hansonbridgett.com> on 12/19/2012 03:06:58 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc: "Kevin R. Heneghan" <Kheneghan@hansonbridgett.com>,

Subject: FEC Form 9 Amendments - Save Hetch Hetchy

Hello,

Attached are the following FEC Form 9 amendments on behalf of Save Hetch Hetchy, No on F as requested in letters dated December 5, 2012. For reference the identification number is C3002059.

Report 10/15/12-10/29/12 – Amendment 2
Report 10/30/12 – 11/6/12 – Amendment 1

Thank you

Megan C. Krat
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FEC Form 9 Amendment 10.30.12_signed.PDF FEC Form 9 Amendment 2_10.15.12_signed.PDF

12030990004

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

SAVE HETCH HETCHY, NO ON F

(b) Address (number and street) check if different than previously reported

425 MARKET STREET, 26TH FLOOR

(c) City, State and ZIP Code

SAN FRANCISCO, CA 94105

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

2. FEC Identification Number

C N / A

3. Is This Statement New or Amended

4. Covering Period 1 0 3 0 2 0 1 2 through 1 1 0 6 2 0 1 2

5. (a) Date of Public Distribution(s) 1 0 3 0 2 0 1 2 (b) Communication Title SAVE HETCH HETCHY, NO ON F

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10) (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15 (e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes N/A No

8. Custodian of Records

(a) Name

KEVIN HENEGHAN

(b) Address (number and street)

425 MARKET STREET, 26TH FLOOR

(c) City, State and ZIP Code

SAN FRANCISCO, CA 94105

(d) Name of Employer or Principal Place of Business

HANSON BRIDGETT, LLP

(e) Occupation

ASSTISTANT TREASURER

9. Total Donations This Statement \$ 0

10. Total Disbursements/Obligations This Statement \$ 38,517

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM KEVIN HENEGHAN, ASSISTANT TREASURER

SIGNATURE



DATE

12/19/12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

12030990005

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name VINCE COURTNEY, TREASURER
	(b) Address (number and street) 425 MARKET STREET, 26TH FLOOR
	(c) City, State and ZIP Code SAN FRANCISCO, CA 94105
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
B.	(a) Name KEVIN HENEGHAN, ASSISTANT TREASURER
	(b) Address (number and street) 425 MARKET STREET, 26TH FLOOR
	(c) City, State and ZIP Code SAN FRANCISCO, CA 94105
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
C.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
D.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
E.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation

12030990006

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

12030990007

A. Full Name (Last, First, Middle Initial) of Payee SADLER STRATEGIC MEDIA				Date of Disbursement or Obligation 1 0 2 4 2 0 1 2	
Mailing Address of Payee 12103 VIEWCREST ROAD				Amount \$ 38,517	
City State Zip Code STUDIO CITY, CA 91604		Communication Date 1 0 3 0 2 0 1 2			
Name of Employer Occupation		Purpose of Disbursement (Including title(s) of communication(s)) PLACEMENT OF TELEVISION ADVERTISEMENT OPPOSING MEASURE P SAN FRANCISCO, TITLE: SAVE HETCH HETCHY NO ON F			
Name of Federal Candidate DIANNE FEINSTEIN	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate NANCY PELOSI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 12	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation	
Mailing Address of Payee				Amount	
City State Zip Code		Communication Date			
Name of Employer Occupation		Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements/Obligations This Page (optional)				\$ 38,517	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				\$ 38,517	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked

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USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-Mail* Date of Receipt or Postmarked
12/19/2012

JR
 PREPARER

12/19/2012
 DATE PREPARED

12030990008