



"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

12030990010

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 1 5 2 0 1 2
through
1 0 2 9 2 0 1 2

5. (a) Date of Public Distribution(s) 1 0 1 5 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 No
N/A

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 \$ 60,822

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.

12030990011

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

12030990012

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee SADLER STRATEGIC MEDIA		Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 2
Mailing Address of Payee 12103 VIEWCREST ROAD		Amount \$ 20,000
City State Zip Code STUDIO CITY, CA 91604		
Name of Employer Occupation		
Purpose of Disbursement (Including title(s) of communication(s)) PLACEMENT OF TELEVISION ADVERTISEMENT OPPOSING MEASURE F, 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 SADLER STRATEGIC MEDIA		Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 2
Mailing Address of Payee 12103 VIEWCREST ROAD		Amount \$ 20,000
City State Zip Code STUDIO CITY, CA 91604		
Name of Employer Occupation		
Purpose of Disbursement (Including title(s) of communication(s)) PLACEMENT OF TELEVISION ADVERTISEMENT OPPOSING MEASURE F, 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) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		\$ 40,000
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		

12030990013

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee SCN STRATEGIES, INC. <hr/> Mailing Address of Payee 114 SANSOME STREET, SUITE 220 <hr/> City State Zip Code SAN FRANCISCO, CA 94104 <hr/> Name of Employer Occupation	Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 2 Amount \$ 20,822 Communication Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 2
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Purpose of Disbursement (including title(s) of communication(s))
 TELEVISION PRODUCTION OPPOSING MEASURE F, SAN FRANCISCO TITLE: SAVE HETCH HETCHY, NO ON F

Name of Federal Candidate	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) ▶
DIANNE FEINSTEIN					
Name of Federal Candidate	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) ▶
NANCY PELOSI					
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 <hr/> Mailing Address of Payee <hr/> City State Zip Code <hr/> Name of Employer Occupation	Date of Disbursement or Obligation " " / " " / " " " " 6 Amount Communication Date " " / " " / " " " " 6
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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) ▶	\$ 20,822
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	\$ 60,822

12030990014

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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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

Jh
 PREPARER

12/19/2012
 DATE PREPARED

12030990015