Statement of Organization Recipient Committee			Type or print in ink				Dai	Date Stamp		STATEMENT OF ORGANIZ JN CALIFORNIA 410		
Statement Type	⋉ Initial Not yet qualified	or	Amendment List I.D. number. #		Te List I.D	Termination – See Mark office Clist I.D. number: of the		of the Secretary of State State of California		2005 OCT	Curks offic	Fic F
	9 / 30 / Date qualified as co	05 mmittee	Date qualified a		Da			E McPH cretary of	ERSO!	4		
1. Committee	Information					2. Treasure	r and Ot	her Princi	ipal Offic	cers		
NAME OF COMMITTEE	ree ive the Rose Bowl					NAME OF TREA Kinde Durk STREET ADDR	66					
	240 50 5010					601 S. Gler	noaks Blvd	., #211				
STREET ADDRESS (NO PO. BOX)						CITY			STATE	ZIP CODE	AREA CODE/PHONE	
601 S. Glenoaks Blvd., #211					Burbank NAME OF ASSIS	TANT TREAS	IRER IF ANY	CA	91502	818-260-0669		
CITY		STATE	ZIP CODE	AREA COL		White or hoofe	JAN INCAU	JILLI, II AIVI				
Burbank CA 91502 818-260-0669				0669	STREET ADDR	ESS				*		
MAILING ADDRESS	(IF DIFFERENT)											
OPTIONAL: FAX / I	E MAII ADDDESS					CITY			STATE	ZIP CODE	AREA CODE/PHONE	
818-260-0657						NAME AND POS	ITION OF OTH	ER PRINCIPAL (OFFICER(S), II	FAPPLICABLE		
COUNTY OF DOMIC	COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE			RENT								
l Al	1	IHAN COUNTY	OF DOMICILE			MAILING ADDR	RESS					
Los Angeles Attach additional	information on appropri	ately labeled o	ontinuation shee	ets.		CITY			STATE	ZIP CODE	AREA CODE/PHONE	
	easonable diligence te laws of the State o 9/7/05 DATE			ng is true and o		SIGNATURE OF CO	SIGNATURE OF	TREASURER ORT	ASSISTANT TRE	zer		
Executed on	DATE			Ву						ME NEVELIDE DOC		

FPPC Form 410 (Jan/03)
FPPC Toil-Free Helpline: 866/ASK-FPPC

Statement of Organization Recipient Committee	california 410 form
INSTRUCTIONS ON REVERSE	Page 3
COMMITTEE NAME	I.D. NUMBER
Citizens to Save the Rose Bowl	
4. Type of Committee (Continued)	
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only of CITY Committee COUNTY Committee STATE Committee	one box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
To support and/or oppose ballot initiatives.	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET CITY STATE	E ZIP CODE
Small Contributor Committee J Check box and provide the date this committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.	il contributor committee. If the committee qualified as a

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met
 - This committee has ceased to receive contributions and make expenditures;
 - · This committee does not anticipate receiving contributions or making expenditures in the future;
 - · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - · This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

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