Recipie Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in in	ık.	Date Stamp	CALIFOR A 46(
	Statement covers period from 01/01/2007	Date of election if applicable: (Month, Day, Year)	08 JAN -7 A11	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2007	02/05/2008	CITY OF L	, .
Type of Recipient Committee: All Comm Officeholder, Candidate Controlled Committee O State Candidate Election Committee	☒ Ballot Measure Committee☒ Primary Formed	2. Type of Statemore ☐ Pre-election State ☐ Semi-annual State	ment ement	Quarterly Statement Special Odd-Year Report
O Recatil (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	☐ Termination State		Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE YES ON MEASURE D	I.D.NUMBER 1303109	Treasurer(s) NAME OF TREASURER Jonathan Fuhrman		
STREET ADDRESS (NO P.O. BOX) 3220 E. Sierra Madre Blvd.		MAILING ADDRESS 3220 E. Sierra Madre Blv	d.	
CITY STATE ZIP C Pasadena CA 9110	ODE AREA CODE/PHONE 626 795-5255	CITY Pasadena NAME OF ASSISTANT TREASI	STATE CA	ZIP CODE AREA CODE/PHON 91107-2038 626 795-5255
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. 3220 E. Sierra Madre Blvd.	BOX		JALIA, III ART	
CITY STATE ZIP C Pasadena CA 9110	CODE AREA CODE/PHONE 07-2038	MAILING ADDRESS		ZIP CODE AREA CODE/PHON
OPTIONAL: FAX/E-MAIL ADDRESS jon_fuhrman	@charter.net	OPTIONAL: FAX/E-MAIL ADDR	ESS	
DATE By SIGNATURE OF	nd reviewing this statement and to the jury under the laws of the State of Caronathan Fuhrman SIGNATURE OF REASURER OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATESTIC SIGNATURE OF CONTROLLING OFFICEHOLDER	ATE MEASURE PROPONENT OR RESPONSI	ormation contained he e and correct. BLE OFFICER OF SPONSOR	FPPC Form 460 (June/l
DATE By	SIGNATURE OF CONTROLLING OFFICEHOLDS	ER, CANDIDATE, STATE MEASURE PROPON	IENT	FPPC Toll-Free Helpline: 866/ASK-FPI State of Californ

Type ... int in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 46(

2/5

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURI	•			
			Yes on Measure D				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF AP	PLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	N	X	SUPPORT
			<u>D</u>	City of Pas	adena		OPPOSE
, , , , , , , , , , , , , , , , , , , ,	CITY	STATE ZIP	Identify the controlling of	ficeholder, candi	date, or state n	neasure propo	nent, if any.
3220 E. Sierra Madre Blvd.	Pasadena (CA 91107-2038	NAME OF OFFICEHOLDER,	CANDIDATE, OR PR	ROPONENT		-
Related Committees Not Included in this S not included in this statement that are controlled by you or a contributions or to make expenditures on behalf of your can	are primarily formed	any committees to receive	OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D.NUMBER		7. Primarily Formed which this committee is prin		List names of	of officeholder(s) or candidate(s)
NAME OF TREASURER	CONTROLLED (COMMITTEE?	NAME OF OFFICEHOLDER (OR CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	.BOX)		NAME OF OFFICEHOLDER (OR CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
CITY STATE ZIF	P CODE A	REA CODE/PHONE					OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER (OR CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED O	COMMITTEE?	NAME OF OFFICEHOLDER (OR CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	·	REA CODE/PHONE	Att	ach continuation	sheets if nece	ssary	

Campaเษก Disclosure Statement Summary Page

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

	JMMARY PAC
Statement covers period	CALIFORNIA ACC
from	FORM TOU
through	3/5
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				through		3/5	
NAME OF FILER Yes on Measure D				1		I.D. NUMBER 1303109	
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidat Running in Both the State Primary an General Elections		
1. Monetary Contributions Schedule A, Line 3	\$	1500.00	\$	1500.00	Concrat Election	110	
2. Loans Received Schedule B, Line 7		0.00		0.00	1	1 through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1500.00	. \$	1500.00	20. Contribution Received \$	0.00 \$ 0.	
4. Nonmonetary Contributions Schedule C, Line 3		0.00	. <u>-</u>	0.00	21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		1500.00	. \$	1500.00	Made \$	0.00 \$ 0.	
Expenditures Made					Expenditure Lir	nit Summary for State	
6. Payments Made Schedule E, Line 4	\$	1250.00	. \$	1250.00	Candidates	-	
7. Loans Made Schedule H, Line 7		0.00		0.00		ative Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1250.00	. \$	1250.00	(If Subject	to Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	1250.00	. \$	1250.00	ļ 	_ \$	
Current Cash Statement							
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00		Iculate Column B, add nts in Column A to the		•	
13. Cash Receipts Column A, Line 3 above		1500.00	- corres	sponding amounts		_	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	-	Column B of your last		\$	
Cash Payments Column A, Line 8 above		1250.00		nn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	250.00		s that should be acted from previous			
If this is a termination statement, Line 16 must be zero.				amounts. If this is st report being filed		e	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	- carry	s calendar year, only over the amounts			
Cash Equivalents and Outstanding Debts			from L any).	Lines 2, 7, and 9 (if		001. Amounts in this section may	
18. Cash Equivalents See instructions on reverse	-	0.00	-1		amount mont amoun	io iopolica ili colalilii b.	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00	-		FPPC T	FPPC Form 460 (June/(oll-Free Helpline: 866/ASK-FPI	

Schedu	\mathcal{A}	Тур						
Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 46		
SEE INSTRUCTION	NS ON REVERSE			through			4/5	
NAME OF FILER Yes on Measur	re D					I.D. Nu 1303		
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 12/27/2007	Bill Bogaard for Mayor 311 Congress Place Pasadena, CA 91105-2909 ID: 983478	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1250.00	150	0.00		
Rcpt Dt: 12/21/2007	Bill Bogaard for Mayor 311 Congress Place Pasadena, CA 91105-2909 ID: 983478	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250.00	150	0.00		

	SUBTOTAL \$	1500.00	
Schedule A Summary			*Contributor Codes
Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	1500.00	IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized contributions of less than \$100		0.00	(other than PTY or SCC) OTH - Other
Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	TOTAL \$	1500.00	PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 (JUNE/0 FPPC Toll-Free Helpline: 866/ASK-FPP

Schedu.e E Payments Made	Amount	e o. print in inl ts may be rou whole dollars.	nded	Statement covers period		CALIFORNIA 46	
SEE INSTRUCTIONS ON REVERSE				through	1 <u> </u>	5/5	
NAME OF FILER						I.D. NUMBER	
Yes on Measure D							
						1303109	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	d appearances ses lating s survey research	n senger services	RFD SAL TEL TRC TRS TSF VOT	radio airtime and product returned contributions campaign workers' salari t.v. or cable airtime and t candidate travel, lodging staff/spouse travel, lodgi transfer between commit voter registration information technology c	es production costs , and meals ng, and meals tees of the same candi	idate/spc
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE O	R I	DESCRIPTION OF	PAYMENT	AMO	UNT PAIC
California Voter Guide 1954 W. Carson St. B	ID:	LIT					1250.0

Torrance.

CA 90501

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	1250.0
Schedule E Summary		
Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	1250.00
2. Unitemized payments made this period of under \$100.	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	1250.00

FPPC Form 460 (June/ FPPC Toll-Free Helpline: 866/ASK-FP