_						COVER PAGE
C	ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.5)	Type or print in	RECEI	Date Stamp	20	IFORNIA 460 001/02 FORM
(U	Overmient Gode Gedicina G-250 G-216.0)	Statement covers period fromJuly 1, 2008	Date of election if applicable: (Month, Day, Year)	P3:49	Page	of For Official Use Only
SE	E INSTRUCTIONS ON REVERSE	through October 14, 2008	November 7, 2006	AK ADELL		
1.	Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	,		
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	trimarily Formed Ballot Measure committee ) Controlled ) Sponsored No Complete Part 6) trimarily Formed Candidate/ officeholder Committee No Complete Part 7)	☐ Preelection Statement☐ Semi-annual Statement☐ Termination Statement (Also file a Form 410 Termination Description of the Amendment (Explain be		 ☐ Supplemental	Year Report
3.		). NUMBER 1280021	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
	PASADENA FIRST PAC AGAINST MEASURE	A	ROBERT P. KNEISEL			
			MAILING ADDRESS			
			POST OFFICE BOX 500			AREA CODE/PHONE
	STREET ADDRESS (NO P.O. BOX) 1278 MAR VISTA AVENUE		PASADENA	STATE CA	21P CODE 91115	626-797-2707
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR			020 101 2101
	PASADENA CA 91104	4 626-797-2707				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B POST OFFICE BOX 50093	ox	MAILING ADDRESS			
	CITY STATE ZIP CO		CITY	STATE	ZIP CODE	AREA CODE/PHONE
	PASADENA CA 91115	5 626-797-2707		700		
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS		
4.	Verification I have used all reasonable diligence in preparing and reviewing under penalty of periory under the laws of the State of California  Executed on  Date  Executed on  Date	a that the foregoing is true and correct.  By  By  Signature of Cor	Signature of Controlling Officeholder, Candidate, Sta	Harding Plays		e and complete. I certify
	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	•		FPPC Form 480 (January/05) 66/ASK-FPPC (866/275-3772) State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460
FORM 460

	6. Prin	Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE	NAME	NAME OF BALLOT MEASURE "PROPOSAL FOR THE NFL RENOVATION OF THE ROSE BOWL"						
	"PR							
OFFICE SOUGHT OR HELD (INCLUDE LOCA	BALL	OT NO. OR LETTER	JURISDICTIO			SUPPORT		
		ME	ASURE A	PASADE	NA, CA	<b>Z</b> c	OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. A	NND STREET) CITY STATE ZIP	lden	tify the controlling o	fficeholder, can	ndidate, or state i	measure pro	oponent, if a	
<u> </u>		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
	ded in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy.	OFFIC	CE SOUGHT OR HELD		rsid	TRICT NO. IF	ANY	
COMMITTEE NAME	I.D. NUMBER				•			
		7 5.		U-I4 (OFF: -	- L - Ld O	.:44		
NAME OF TREASURER	<ol><li>Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.</li></ol>							
	YES NO	NAME	OF OFFICEHOLDER OR	CANIDIDATE	OFFICE SOUGHT	OR HELD	т	
COMMITTEE ADDRESS STREET AD	DRESS (NO P.O. BOX)	INCINE	OF OFFICE IOLDER OR	CANDIDATE	0.1102 0000	O.C. ILLED		
							SUPPOR	
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME	OF OFFICEHOLDER OR	R CANDIDATE	OFFICE SOUGHT	OR HELD	OPPOSE	
			OF OFFICEHOLDER OR		OFFICE SOUGHT		OPPOSE  SUPPOR  OPPOSE	
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET AD	STATE ZIP CODE AREA CODE/PHONE	NAME		R CANDIDATE		OR HELD	OPPOSE	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

PASADENA FIRST PAC AGAINST MEASURE A						1280021		
Contributions Received	(1	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and			
Monetary Contributions	\$	0.00	\$	0.00	General Elections			
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 1	hrough 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$	s		
4. Nonmonetary Contributions		0.00		0.00	21 Expenditures	,		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00 \$	0.00	Made \$	\$			
Expenditures Made				4.050.00		Summary for State		
6. Payments Made Schedule E, Line 4	\$		\$	4,259.20	Candidates			
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulativ	/e Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	4,259.20		o 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		0.00		0.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE	\$	4,259.20	\$	4,259.20		\$		
Current Cash Statement						_ \$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$			calculate Column B, add				
B. Cash Receipts		0.00	amounts in Column A to the corresponding amounts		*Amounts in this section may be different from amounts			
		0.00	fro	m Column B of your last ort. Some amounts in	reported in Column B.	nay be unletent from amounts		
15. Cash Payments Column A, Line 8 above		4,259.20	Co	lumn A may be negative				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0.00		ures that should be otracted from previous				
If this is a termination statement, Line 16 must be zero.			per	lod amounts. If this is				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for car	this calendar year, only ry over the amounts				
Cash Equivalents and Outstanding Debts		0.00	froi	m Lines 2, 7, and 9 (if y).				
18. Cash Equivalents See instructions on reverse	\$							
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00				FPPC Form 460 (January/ ne: 866/ASK-FPPC (866/275-37)		

			SCHEDULE
Schedule E	Type or print in lnk, Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	fromJuly 1, 2008	FORM 400
SEE INSTRUCTIONS ON REVERSE		through October 14, 2008	Page4of4
NAME OF FILER			I.D. NUMBER
PASADENA FIRST PAC AGAINST MEASURE A			1280021

CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filling/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	member com meetings and office expen petition circu phone banks polling and s postage, deli professional print ads	d appearar ses lating survey reservery and r	earch messe	nger services accounting)	RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and production cost returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and me staff/spouse travel, lodging, and transfer between committees of voter registration information technology costs (int	ions s' salaries e and production costs odging, and meals l, lodging, and meals committees of the same cal		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR	DES	CRIPTIO	N OF PAYMENT		AMOUNT PAID	
West Pasadena Residents' Assn. Post Office Box 50252 Pasadena, CA 91115				1	Dissolution cont	ribution	to 501(c)(3) Non-Profit Cor	p.	2,770.00	
Pasadena Heritage 651 S. St. John Avenue Pasadena, CA 91105				1	Dissolution cont	ribution	to 501(c)(3) Non-Profit Cor	p.	895.00	
Linda Vista-Annandale Assn. Post Office Box 94364 Pasadena, CA 91109					Dissolution cont	ribution	to 501(c)(4) Non-Profit Cor	p.	594.20	

rayments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 4,259.20

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)
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).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$ 4,259.20

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)