

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER The Committee to Stop Measure D, Sponsored by FreedomWorks, Inc.		Date of This Filing 1/28/2008	Date Stamp RECEIVED JAN 28 P2:06 CITY CLERK CITY OF PASADENA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 202/783-3870	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS 601 Pennsylvania Avenue, NW, Suite 700		<input type="checkbox"/> Amendment to Report No. 08 (explain below)		
CITY Washington	STATE DC	ZIP CODE 20004	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
1/29/2008	FreedomWorks, Inc. 601 Pennsylvania Avenue, NW Suite 700 Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$60,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

JAN 29 2008 4:52 PM
 WESTER CHAM & BEAN
 NO. 5199 E. 2