| Recipie Committee Campaign Statement (Government Code Sections 84200-84216.5) |   | Type or print in ink.   |  | Date Stamp CALIFORNIA 4 6 6        |  |   |
|---|---|---|--|------------------------------------|--|---|
|   |   |   |  | RECE                               | IVF 1 200  | 01/02 46L   |
|   |   | Statement covers period from 07/01/2007   | Date of election if applicable:<br>(Month, Day, Year)                                    | *08 JAN 3                          |  | 1 / 6<br>For Official Use Only  |
| SEE   | INSTRUCTIONS ON REVERSE   | through 12/31/2007  | 03/06/2007   | CITY OF P.                         | ASACT  |   |
| 1.  | Type of Recipient Committee: All Commi  | ttees - Complete Parts 1,2,3, and 4.  | 2. Type of Stateme   | ent:                               |  |   |
|   | <ul> <li>☐ Officeholder, Candidate Controlled Committee</li> <li>☐ State Candidate Election Committee</li> <li>☐ Recall</li> <li>(Also Complete Part 5.)</li> <li>☐ General Purpose Committee</li> <li>☐ Sponsored</li> <li>☐ Small Contributor Committee</li> <li>☐ Political Party/Central Committee</li> </ul> | Ballot Measure Committee     O Primary Formed     O Controlled     O Sponsored     (Also Complete Part 6.)     Primary Formed Candidate/     Officeholder Committee     (Also Complete Part 7.) | ☐ Pre-election Stater ☐ Semi-annual State ☐ Termination Stater ☐ Amendment (Expla        | ment<br>nent                       | ☐ Special C  | y Statement<br>Odd-Year Report<br>ental Preelection<br>nt - Attach Form 495 |
| 3.  | Committee Information   | I.D.NUMBER<br>1294044   | Treasurer(s)   |                                    |  |   |
|   | COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Protect Pasadena's Libraries   | E   | NAME OF TREASURER Jonathan Fuhrman   |                                    |  |   |
|   | STREET ADDRESS (NO P.O. BOX)<br>3220 E. Sierra Madre Bl.  |   | MAILING ADDRESS<br>3220 E. Sierra Madre Bl.  |                                    |  |   |
|   | CITY STATE ZIP CO<br>Pasadena CA 9110'  | DDE AREA CODE/PHONE<br>7-2038 626 795-5255  | city<br>Pasadena   | STATE<br>CA                        | ZIP CODE<br>91107-2038   | AREA CODE/PHON<br>626 795-5255  |
|   | MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.   | вох   | NAME OF ASSISTANT TREASUR  | RER, IF ANY                        |  |   |
|   | CITY STATE ZIP CO   | DDE AREA CODE/PHONE   | MAILING ADDRESS  |                                    |  |   |
|   | OPTIONAL: FAX/E-MAIL ADDRESS jon_fuhrman@   | Ocharter net  | CITY   | STATE                              | ZIP CODE   | AREA CODE/PHON  |
|   | ,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   | OPTIONAL: FAX/E-MAIL ADDRE   |                                    | _fuhrman@charte  | er.net  |
| 4.  | DATE   By     SIGNATURE OF C  | ry under the laws of the State of Ca  | ifornia that the longoing is true ASSISTANT TREASUREN TE MEASURE PROPONENT OR RESPONSIBL | and correct.  E OFFICER OF SPONSOR |  |   |
|   | Executed on By  | SIGNATURE OF CONTROLLING OFFICEHOLDER   | <del></del>  |                                    | PPC Form 460 (June/(<br>Helpline: 866/ASK-FPI<br>State of Califori |   |