Statement of Recipient Co	Organization ommittee	Type or print in ink		REGEIMED	STATEMENT OF ORGANIZATION CALIFORNIA 410	
Statement Type	Initial Not yet qualified Date qualified as core	or List I.D. number: # 1252746	Termination – See Part 5 List I.D. number: # Date of Termination	CITY CLERK CITY OF PASADENA	For Official Use Only	
1. Committee Information			2. Treasurer and C	2. Treasurer and Other Principal Officers		
STREET ADDRESS OFTIONAL: FAX/E COUNTY OF DOMICE	ARV) Z (NO PO. BOX) (IF DIFFERENT) MAIL ADDRESS	FOR PANADONE SCHOOL COLL STATE ZIP CODE AREA CODE/PH CA 7/104 (626)7/7 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE	ONE NAME OF ASSISTANT TREAS CITY NAME AND POSITION OF OT MAILING ADDRESS	THER PRINCIPAL OFFICER(S), IF APPL	P CODE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE	
		tely labeled continuation sheets.	CITY	STATE Z	IP CODE AREA CODE/PHONE	
	easonable diligence	e in preparing this statement and to the best of of California that the foregoing is true and correct By	SIGNATURE OF CONTROLLING C	ontained herein is true and com OF TREASURER OR ASSISTANT TREASURE OFFICEHOLDER, CANDIDATE, OR STATE ME OFFICEHOLDER, CANDIDATE, OR STATE ME	R ASURE PROPONENT ASURE PROPONENT	

FPPC Form 410 (Jan/01)
FPPC Toll-Free Hetoline: 866/ASK-FPPC