

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp RECEIVED 06 JAN 31 P 4:36 CITY CLERK CALIFORNIA 2001/02 FORM 460 Page 1 of 6 For Official Use Only

Statement covers period from 10/01/05 through 12/31/05 Date of election if applicable: (Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1280021

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

PASADENA FIRST PAC

STREET ADDRESS (NO P.O. BOX)

1278 MAR VISTA AVENUE

CITY PASADENA STATE CA ZIP CODE 91104 AREA CODE/PHONE 626-797-2707

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

POST OFFICE BOX 50093

CITY PASADENA STATE CA ZIP CODE 91115 AREA CODE/PHONE 626-795-2495

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

ROBERT P. KNEISEL

MAILING ADDRESS

POST OFFICE BOX 50093

CITY PASADENA STATE CA ZIP CODE 91115 AREA CODE/PHONE 626-797-2707

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Jan 31 2006 Date
Executed on Date
Executed on Date
Executed on Date

By Robert P. Kneisel Signature of Treasurer or Assistant Treasurer
By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By Signature of Controlling Officeholder, Candidate, State Measure Proponent
By Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
"PROPOSAL FOR NFL RENOVATION OF ROSE BOWL" PETITION

BALLOT NO. OR LETTER	JURISDICTION PASADENA, CA	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from 10/01/05 through 12/31/05	CALIFORNIA FORM <b>460</b> Page 3 of 6 I.D. NUMBER 1280021
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
PASADENA FIRST PAC

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions ..... Schedule A, Line 3	\$ 6,130.56	\$ 39,674.56
2. Loans Received ..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 6,130.56	\$ 39,674.56
4. Nonmonetary Contributions ..... Schedule C, Line 3	12.47	521.47
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 6,143.03	\$ 40,196.03

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Expenditures Made</b>		
6. Payments Made ..... Schedule E, Line 4	\$ 528.11	\$ 6,326.54
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 528.11	\$ 6,326.54
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 528.11	\$ 6,326.54

Expenditure Limit Summary for State Candidates		
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		
Date of Election (mm/dd/yy)	Total to Date	
____/____/____	\$ _____	
____/____/____	\$ _____	

Current Cash Statement	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 27,745.57
13. Cash Receipts ..... Column A, Line 3 above	6,130.56
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	528.11
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 33,348.02
<i>If this is a termination statement, Line 16 must be zero.</i>	

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 0.00

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/01/05</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/05</u>		
		Page <u>4</u> of <u>6</u>
NAME OF FILER <b>PASADENA FIRST PAC</b>		I.D. NUMBER <b>1280021</b>

SEE INSTRUCTIONS ON REVERSE

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2005	Robert J. Banning 999 S. Madison Avenue Pasadena, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	
10/06/2005	William J. Bogaard 311 Congress Place Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self-employed	500.00	500.00	
11/01/2005	Neighbors For Better Transportation Post Office Box 50454 Pasadena, CA 91115 ID#1230960	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,180.56	3,180.56	
11/15/2005	Pasadena Heritage 651 South St. John Avenue Pasadena, CA 91105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,000.00	4,000.00	
12/30/2005	Sidney & Betsey Tyler 969 S. Madison Avenue Pasadena, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sid: Coucilmember City of Pasadena Betsey: Home Manager	250.00	250.00	
<b>SUBTOTAL \$</b>				<b>6,080.56</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ <u>6,080.56</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ <u>50.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ <u>6,130.56</u></b>

\*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

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>10/01/05</u> through <u>12/31/05</u>		CALIFORNIA FORM <b>460</b>
NAME OF FILER <b>PASADENA FIRST PAC</b>		I.D. NUMBER <b>1280021</b>

SEE INSTRUCTIONS ON REVERSE

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) .....	\$	0.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	12.47
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL \$</b>	12.47

\*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

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM <b>460</b>
from	10/01/05	
through	12/31/05	Page <u>6</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
PASADENA FIRST PAC		1280021

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
PASADENA FIRST PAC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |   |   |
|--|---|---|
| CMP campaign paraphernalia/misc.                                 | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants   | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                          | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations  | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                 | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events   | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| ND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense  | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                             | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
mamaO Technology (Paul Charlton) 13782 De Foe Avenue Sylmar, CA 91342	PRO		225.00
Bagatelos Law Firm 380 West Portal Avenue, Suite F San Francisco, CA 94127	PRO		303.11

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 528.11**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	528.11
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.)	<b>TOTAL \$</b>	<b>528.11</b>