Statement of Organization Recipient Committee		Type or print in ink		Date Stamp CALIFORNIA 410				
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number:	Termination – See Part 5 List I.D. number:	RECEIVI	For Officia	al Use Only		
		Date qualified as committee (If applicable)	Date of Termination	CITY CLER CITY OF PASAL	K DEN/			
1. Committee	Information		2. Treasurer and Ot	her Principal Offic	ers			
MAILING ADDRESS OPTIONAL: FAX/I	(NO P.O. BOX) ARACIA R ARACIA R STA S (IF DIFFERENT) E-MAIL ADDRESS COUNTY W	TE ZIP CODE AREA CODE/PHO P(00) 626-797 THERE COMMITTEE IS ACTIVE IF DIFFERENT	ST 98 WHY Y STREET ADDRESS (CITY DO CITY DO CI	CAS FO VA CAT	ROAL POOL	7, REA CODE/PHONE 676-375-093		
Attach additional	information on appropriately label	ed continuation sheets.	CITY	STATE	ZIP CODE A	AREA CODE/PHONE		
3. Verification I have used all in perjury under the Executed on Executed on Executed on Executed on Executed on	reasonable diligence in prepar le laws of the State of Californ DATE	ring this statement and to the best of la that the foregoing is true and corre	SIGNATURE OF CONTROLLING OF	FTREISURER PRASSISTANT TREE	ASURER ATE MEASURE PROPONENT ATE MEASURE PROPONENT	ider penalty of		
	DATE		SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR ST	ATE MEASURE PROPONENT			

FPPC Form 410 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION
CALIFORNIA 410
FORM

INSTRUCTIONS ON REVE	RSF						FORM 410
COMMITTEE NAME				<u> </u>			Page 3
SENS	STEVENSO	U 4 PU.	SD BO	ARD C	Jala. 2	0/1	1.0. NUMBER 625
4. Type of Com	mittee (Continued)						
General Purpose C	Not formed to s	support or oppose spec	ific candidates or me Committee		ction. Check only one	box:	
PROVIDE BRIEF DESCRIP	TION OF ACTIVITY	· · · · · · · · · · · · · · · · · · ·					
Sponsored Commit	ttee List additional sponso	ors on an attachment.					***************************************
NAME OF SPONSOR			INDUSTRY	GROUP OR AFFILIATIO	N OF SPONSOR	· · · · · · · · · · · · · · · · · · ·	***************************************
STREET ADDRESS	NO. AND STREET		CITY)	STATE	ZIP CODE	**************************************
Small Contributor (Chec te qualified smal	ck box and provide the	e date this committee que on January 1, 2001, e	ualified as a small contr enter 1/1/01.	ibutor committee. If	the committee qualified as a

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
 - This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - · This committee has no surplus funds; and
 - · This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION CALIFORNIA FORM

STEVENSON

PUSD

BOARD COCUM. 2011

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			YE	AR OF ELECTION		PARTY		
GENE STEVENSON	ME	ZUBER, PA	SADEW)	77 7	2011	Non	ı-Partisan		
•						☐ Non	-Partisan		
List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)									
			I BANK A	0001111711111	O	met 1	7-1-7-0	×/ ->~	
BADIC BETTE WEST	Ĝ	36-364-4	COOS BANKA	ACCOUNT NUM	# 0235	796	244	4 5 0	
S87 Z. COCORADO BC	_ VD	PASA DISOU	A C	7	ZIP CODE 7110	ح			
	•								
Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:									
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE									
· .							SUPPORT	OPPOSE	
			 	<u> </u>			SUPPORT	OPPOSE	

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