Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	RECEIVED CALIFORM 2001/0 FORM				
(Section of the Court occurs of the Court of the Court occurs occurs of the Court occurs occurs on the Court occurs occurs occurs on the Court occurs occurs occurs on the Court occurs occurs occurs on the Court occurs oc	Statement covers period from 1/1/11	Date of election if applicable: (Month, Day, Year)	FEB -3 P2 10	Page 1 of 6 For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through1/22/11	3/8/11	CITY CLERK	,		
1. Type of Recipient Committee: All Committees - Co	implete Parts 1, 2, 3, and 4.	2. Type of Statement:	TIOITMORDEN	<u></u>		
State Candidate Election Committee Recall (Also Complete Part 5)	Ballot Measure Committee Primarily Formed Controlled Sponsored Use Compiler Part 61	▼ Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Atlach Form 495		
Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)					
), NUMBER 335625	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER				
Gene Stevenson for PUSD Board 2011 Commit	lee	John David Duncan				
		10 E. Las Flores				
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE		
4234 Aralia Road		Altadena	CA	91001 626-398-0937		
CITY STATE ZIP CO Altadena CA 9100		NAME OF ASSISTANT TREASU	RER, IF ANY			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	,	MAILING ADDRESS				
P.O. Box 6142		2503 Lincoln Avenue				
CITY STATE ZIP CC		CITY	STATE	ZIP CODE AREA CODE/PHONE		
Altadena CA 9100	1	Altadena	CA	91001 626-241-0465		
OFTIONAL. FAX / E-WAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	4E22			
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State Executed on		Signature of Treasurer or Assistant Signature of Treasurer or Assistant Treasurer or Assistant Signature of Controlling Officeholder, Candidate, S.	Treasurer poponent or Responsible Officer of tate Measure Proponent			
Date		Signature of Controlling Officeholder, Candidate, S	naie weasure Proponent	FPPC Toll-Free Helpline: 866/ASK-FPPC State of California		

CALIFORNIA 460
FORM 460
Page 2 of 6

Officeholder or Candidate Controlled C	ommittee	6.	Ballot Measure Commit	ltee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Gene Stevenson						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT
Member, Pasadena Unified District School	ol Board					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP					
4234 Aralia Road, Altadena, CA 91001			Identify the controlling offi	ceholder, ca	ndidate, or state measur	e proponent, if an
The second secon			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PI	ROPONENT	
Related Committees Not Included in thi not included in this statement that are controlled b contributions or make expenditures on behalf of yo	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER				L	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Computation this committee is primarily	rlly formed.		
COMMITTEE ADDRESS STREET ADDRESS (NO			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELD	[] SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	1.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HELD	[] SUPPORT
						☐ OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HEL		SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)					I_J OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		Attaci	n continuati	on sheets if necessary	

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE			through _	1/22/11	Page of
NAME OF FILER Gene Stevenson for PUSD Board Committee 2011					1.D. NUMBER 1335625
Contributions Received	Column A TOTAL THIS PERIOD JEROM ATTACHED SCHEDULE	Colun CALENDA TOTAL TO	RYEAR	Running in Both	mmary for Candidates the State Primary and
1. Monetary Contributions Schedule A. Line 3 2. Loans Received Schedule B. Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C. Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 731.0 2150.0	7 7 82	150.00 581.07 731.07 150.07 881.07	20. Contributions Received \$	through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	2150.0	0 0 \$ 0 2	0 0 0 0 2150.00	Candidates 22. Cumula	t Summary for State tive Expenditures Made* t to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page. Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A. Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	150.0	To calculate Co amounts in Coli corresponding from Column B report. Some a Column A may	umn A to the amounts of your last imounts in be negative ould be previous at this is		\$
17. LOAN GUARANTEES RECEIVED	\$	for this calenda carry over the from Lines 2, 7 any).	ar year, only amounts	different from amounts	Amounts in this section may be reported in Column B. FPPC Form 460 (June// Toll-Free Helpline: 866/ASK-FP

Schedule Monetary	A Contributions Received	Amoun	e or print in ink, ts may be rounded whole dollars.	Statement cov	SCHEDULE FORNIA 460 ORM		
SEE INSTRUCTION	ONS ON REVERSE			through1	/22/11	Page	4 of 6
NAME OF FILER						4	
Gene Steve	enson for PUSD Board Committee 2011					1.D. NU	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF COMMITTEE ALSOENTER ID MUMBER!	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF RUSHNESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR N (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
1/5/11	Dr. Eddie F.Newman 3590 San Pasqual Street Pasadena, CA 91107	MIND ☐COM ☐OTH ☐PTY ☐SCC	Educator	100		100	
1/15/11	Lena Kennedy 493 West Hammond Street Pasadena, CA 91103	COM COM OTH PTY	Consultant	50		50	
		□IND □COM □OTH □PTY □SCC					
·		□IND □COM □OTH □PTY □SCC					
		GIND COM OTH PTY SCC					
			SUBTOTALS	S			The state of the s
1. Amount red	A Summary ceived this period – contributions of \$100 or more. Schedule A subtotals.)		\$	150.00	IND-		nt Committee
	ceived this period – unitemized contributions of less tha					- Other	han PTY or SCC)
. Total monet	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colun			150.00		- Political f - Small Co	Party ontributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

•		Tour or a single to	:1.				SCHE	EDULE B - PART I	
Schedule B – Part 1 Loans Received		Type or print in ounts may be ro to whole dollar	ounded		Statement covered to the statement covered to	vers period /1/11	california 460		
SEE INSTRUCTIONS ON REVERSE					through1	/22/11	Page5	of6	
NAME OF FILER			The second secon				I.D. NUMBER		
Gene Stevenson for PUSD Board Comr	nittee 2011						1335625		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTER ALSO ENTER ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	IN ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Gene Stevenson 4234 Aralia Road	Executive Administrator (Ret.)			3	0 5 2781.07	0 %	s_2,200.00	\$ 2781.07	
†SK IND COM OTH PTY SCC		s2,200	s581.07	FORGIVEN	0 TBD	s0	12/10	PER ELECTION**	
				PAID S	S	%	3	CALENDAR YEAR S	
to up the second of the second		5	s	FORGIVEN	DATE DUE	S	DATE INCURRED	PER ELECTION**	
TO COM OTH PTY SCC	And a second sec	<u> </u>		[] PAID				CALENDAR YEAR	
				s	S	15 0.7 5	\$	5PER ELECTION**	
† IND COM OTH PTY SCC		5	s	\$	DATE DUE	\$	DATE INCURRED	5	
		SUBTOTALS S	581.07	\$	0 \$ 2781.07	\$ 0			
Schedule B Summary	anguaga penggaran yang penggapan penggupun diadah 14 Amerikan bersah di dibahasa di cari 19 Persen					(Enter (e) on Schedule E, Line 3)			
Loans received this period (Total Column (b) plus unitemized loans)				\$	581.07			orgiven or paid by	
Loans paid or forgiven this period					0		reported on		
(Include loans paid by a third party that	are also itemized on Scheo	dule A.)							
Net change this period. (Subtract Line Enter the net here and on the Summary				NET \$ _	581.07 (May be a negative number)	-			
† Contributor Codes IND – Individual COM – Recipient Committee (o	ther than PTY or SCC) OTH -	Other PTY-P	olitical Party S	iCC – Small C	ontributor Committee	FPPC TO		rm 460 (June/01 e: 866/ASK-FPP0	

Nonmonetary Contributions Received			type or print in ink. Amounts may be rounded to whole dollars.		Statement covers perio			CALIFORNIA 460		
	IONS ON REVERSE		·			through1/22/11			Page 6 of 6	
NAME OF FILE							······································	I.D. NUME	BER	
Gene S	tevenson for PUSD Board Committee 201	1						133562	:5	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTRE, ALSO ENTER ID, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 - I	ΓΕ .R YEAR	TO	LECTION DATE OUIRED)
1/1/11 Gene Stevenson 4234 Aralia Road Altadena, CA 91001	4234 Aralia Road	☑IND □COM □OTH □PTY □SCC	Executive Administrator (Ret.)	Office, Phone Computers, Supplies	es,	2150.00	2	150.00		
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach ado	itional information on appropriately labe	led continuati	on sheets.	SUBTO	TAL \$					
. Amount r	C Summary eceived this period – nonmonetary contribu	tions of \$100 o	r more.		\$	2150.00	IND-	ributor Coo Individual Recipient		
. Amount ro . Total noni	eceived this period – unitemized nonmonet monetary contributions received this period s 1 and 2. Enter here and on the Summary	ary contribution	ns of less than \$100		\$	_	- PTY-	Other - Other - Political P - Small Coi	arty	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC