Recipient Committee Campaign Statement Cover Page	Type or print in	ink.	Date Stamp	CALIFORNIA 460	
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers/period from 1/23/11 through 2/19/11	Date of election if applicable: (Month, Day, Year)	RECEIVED	Page of For Official Use Only	
1. Type of Recipient Committee: All Committee Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 7) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain	t Spe	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495	
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE NAME OF STEVEN STEVEN STREET ADDRESS (NO P.D. BOX) STREET ADDRESS (NO P.D. BOX) STATE	ZIP CODE AREA CODE/PHONE 777-57	MAILING ADDRESS. LA	JRER, IF ANY STEVENSON LALIA ROAI	- COOL 626-797	
MACTADONA CAT 9 MACTAD	7/003 626-777-579	OPTIONAL: FAX / E-MAIL ADD	· · · · · · · · · · · · · · · · · · ·	001 626-797	

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA 460
FORM of 10

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Commi	ttee	6.	Ballot Measure Commit	tee		
NAME OF OFFICEHOLDER OR CANDIDATE STEVENSON			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT WEMBENL, PASADENA U	NUMBER IF APPLICABLE) SD BOAVD 2011		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY CONTROL OF THE) (Identify the controlling office	eholder, can	didate, or state measu	re proponent, if any.
			NAME OF OFFICEHOLDER, CANE	DIDATE, OR PRO	DPONENT	
Related Committees Not Included in this Stat not included in this statement that are controlled by you o contributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Comr		names of officeholder(s)	or candidate(s) for
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEI	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME .	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEI	D SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEI	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	X)					
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attaci	h continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

statement covers period from 123 11 FORM 460

through 21911 Page 3 of 10 I.D. NUMBER 123 562 5

SUMMARY PAGE

EE INSTRUCTIONS ON REVERSE STOVENSON 4 PUSD BOARD 2011 1335625 CANG Calendar Year Summary for Candidates Column A Column B contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and **General Elections** Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditure Limit Summary for State** xpenditures Made Candidates Payments Made Loans Made..... 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS Date of Election Total to Date (mm/dd/yy) 0. Nonmonetary Adjustment Schedule C, Line 3 **Surrent Cash Statement** 2. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add amounts in Column A to the 3. Cash Receipts Column A, Line 3 above corresponding amounts 4. Miscellaneous Increases to Cash from Column B of your last Schedule I. Line 4 report. Some amounts in 5. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 5. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed Ð for this calendar year, only 7. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if ash Equivalents and Outstanding Debts any). 8. Cash Equivalents See instructions on reverse FPPC Form 460 (June/01) 9. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC

chedule lonetary	A Contributions Received	Amount	from 1 2 3 1, 1		Amounts may be rounded to whole dollars. Statement covers period from 1 2 3 11		from 1/23/11		ORNIA 460
	DNS ON REVERSE			through 2/17	3 11	Page _	fof10		
ME OF FILER	DE STEVENSON 4 PUSD R	BARD	2011			1.D. NUN	5625		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
1/25	OPAL J. HAMINDON 1030 CHEVRON CT. PASADENA, CA 91103	□ IND □ COM □ OTH □ PTY □ SCC	RETIRED	100	100)			
1/25	JUANITA WEST TICLMAN 124 WILLAS FLORES ALTADENA, CA 91001	☐ COM ☐ COM ☐ OTH ☐ PTY ☐ SCC	NEACTOR	(00)	100				
1/25	DOLORES HICICAM BOTTOM 3592 N. CANON BUD ACTADENA, CA 9001	COM OTH PTY SCC	RETIRED	100	100				
1/25	ERNESTINE L. MOORE 1320 QUAILTANA RD NASADONA, CA 91105	OTH	RETIRED	100	100				
1/28	FRIENTS OF COUNCIL WEWDERL ROYSINDN 4543W. 156 ST. LANNDALE CA 90260	□IND □COM □OTH □PTY □SCC	N/A	250	250	Ò			
			SUBTOTAL	\$ 650					
Amount re (Include al Amount re	A Summary ceived this period – contributions of \$100 or more. Il Schedule A subtotals.)		\$	4,550	IND- COM OTH PTY	(other ti – Other – Political	nt Committee han PTY or SCC)		

Schedule A (Continuation Sheet) Nonetary Contributions Received

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA FORM

GENE STEVENSON 4-PUSD BOARD 2011						NUMBER 335767J			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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)			
1/28	SENT CAMPBELL 559 ROYCE ST. ALMSENA, 91001	GTND COM OTH PTY SCC	<i>pletired</i>	100	100				
1/28	WILLIAM BRADLEY 580 LAERA AVE. DASADENA, 91104	COM COTH PTY	RETILED	100	100				
1(28	recomboth stacker ford	GIND COM OTH PTY SCC	RETIRED	100	100				
2/8	ACT-POUTICAZ P.O. BOX 40074 PASADENA, CA 91114	□IND □COM □OTH □PTY □SCC	NYA	1,000	1,000				
2/8	DETEVL SILIE R 1749 LOWA USTA ST. NASADONA, CA 9404-3703	GOM OTH PTY	EDUCATOR OCCIDENTAL CULLEGE	100	000				
	SUBTOTAL\$ 1,400 1,400								

*Contributor Codes

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other

PTY – Political Party SCC – Small Contributor Committee

Schedule	A (Continuation	n Sheet)
Monetary	Contributions	Received

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

SCHEDULE A (CONT.) CALIFORNIA 460 Statement covers period 1231

NAME OF FILER	s stevenson 4 pusd.	BOAN	0 2011	•	1.0,00	35-625
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)
2/8	CA TEALUSTERS NOB. AFFAIRS COUNCIL 1127 (1th St., STESO) SACRAMENTO, 95814	☐IND ☐COM ☐OTH ☐PTY ☐SCC	NIA	2,500	2,500	
	JACTA (40110) 13014	□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 2,500		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC) OTH – Other

PTY – Political Party
SCC – Small Contributor Committee

ichedule B – Part 1 oans Received	Type or print in ink. Amounts may be rounded to whole dollars. Statement of				٠, ,	<u>()(</u>	CALIFORNI FORM	A 460
E INSTRUCTIONS ON REVERSE AME OF FILER STEUCHUS OL	4 PUSD POO	9/11	Page 7					
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOR	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
GNE STEVENON 1234 ARACIARD 127ADONA, CA 91001	EXECUTIVE ADMINISTRATOR		? <u>6</u>	PAID S FORGIVEN S S	2,581°	**************************************	s Z, 200	S PER ELECTION**
MIND COM OTH PTY SCC		s	s	PAID S FORGIVEN S	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION *** \$
ND COM OTH PTY SCC		\$	s	PAID S————— FORGIVEN S—————	\$	% RATE	\$	CALENDAR YEAR S PER ELECTION ** S
ND COM OTH PTY SCC		SUBTOTALS \$	*	\$ 0	\$ 258101	\$ -6		
Chedule B Summary Loans received this period	s less than \$100.) Dipaid or forgiven.) It are also itemized on Sched	lule A.)		NET \$	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	(Enter (e) on Schedule E, Line 3)		
† Contributor Codes IND – Individual COM – Recipient Committee (c		Other PTY – Po	olitical Party S	SCC – Small Co	ontributor Committee	FPPC Т	FPPC For	rm 460 (June/0 ⁻ e: 866/ASK-FPP

SCHEDULE B - PART 1

Schedule C		
lonmonetary	Contributions	Received

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

SCHEDULE C CALIFORNIA FORM Statement covers period I.D. NUMBER

E INSTRUCTIONS ON REVERSE AME OF FILER GENESTEVENDON 4 PUST BOARD 2011

DATE FULL NAME, STREET ADDRESS AND CONTRIBUTOR OCCUPATION AND EMPLOYER GOODS OR SERVICES TO DATE TO DATE CALENDAR YEAR OCCUPATION AND EMPLOYER GOODS OR SERVICES TO DATE CALENDAR YEAR OF THE CALENDAR YEAR OCCUPATION AND EMPLOYER GOODS OR SERVICES TO DATE CALENDAR YEAR OF THE CALENDAR YEAR OCCUPATION AND EMPLOYER GOODS OR SERVICES	
RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IF REQUI	Ē
GENE STEVENSON CAND CHECUTIVE OFFICE, 2,150 4,300 CLET.) GENE STEVENSON CHECUTIVE OFFICE, 2,150 4,300 CLET.)	
IND COM OTH PTY SCC	
□IND □COM □OTH □PTY □SCC	
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 2, じる 以っろうつ	

chedule C Summary	
. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	\$ 2,150
Amount received this period – unitemized nonmonetary contributions of less than \$100	•
. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	s 2,150
(Add Lifles 1 and 2. Either here and on the durinnary 1 age, dollarin 7, 2 mes 1 and 15.)	

IND - Individual COM - Recipient Committee

(other than PTY or SCC)

*Contributor Codes

OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule E	
Payments Made)

EE INSTRUCTIONS ON REVERSE

chedule E Summary

AME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

STEVENSON 4 PUSD BOARD 2011

Statement covers period from 1 23 11 FORM 460

through 2 19 11 Page 9 of 10

ODES: If one of the following codes accurately describes VP campaign paraphernalia/misc. VS campaign consultants TB contribution (explain nonmonetary)* Civic donations L candidate filing/ballot fees VD fundraising events D independent expenditure supporting/opposing others (explain)* EG legal defense T campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circuil PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating survey researc ivery and mes	h senger services II, accounting)	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and promitte. TRC candidate travel, lodging, a staff/spouse travel, lodging.	s oduction costs and meals g, and meals ees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER) WOUNTY OF LETS AUG & LES LEGISTMAN - NEW ONDERN WOUNTEY, CA		code o		PICE-PUSD	AMOUNT PAID	
OFFICE WAY 721 E. COLOVADO, PASADO	5NA91101	OFC	PRINTENC	ANTHIGES, G MATERIAL	s 8282	
BUDDIENEY DARKICA		CIT	CAU PAIG	N FLYDILS	240 00	
Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$4/582						

. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

ecn.	EDIII	 (CONT)
SUH	EDUI	 (CONT.)

ichedule E **Continuation Sheet)** 'ayments Made

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

print ads

Statement covers period **CALIFORNIA** 1.D. NUMBER

WEB information technology costs (internet, e-mail)

EE INSTRUCTIONS ON REVERSE

PUSD BOARD 2011 STOVENSON 4 GENE

:ODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. returned contributions campaign workers' salaries t.v. or cable airtime and production costs MTG meetings and appearances RFD campaign consultants contribution (explain nonmonetary)* office expenses SAL TEL PET petition circulating civic donations phone banks candidate travel, lodging, and meals PHO candidate filing/ballot fees ۸D ۲ tarifispouse travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor fundraising events polling and survey research TRS postage, delivery and messenger services professional services (legal, accounting) POS PRO TSF independent expenditure supporting/opposing others (explain)* voter registration legal defense campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
OFFICE MAY 721 E. COZONADO, PASADONA 91101	OFC	PRINT CARTRIGOS/ PAPEN GOODS	10436
TO VOE PROVIDED IN ACCOUNT	PAT	YARD SIGNS (200)	655-57
BAWL OF THE WOST (HARLAND CLAILS) 587 E. COCOLABO, PASADONA 91101	OFC	PHINTED CHECKS	2200
			Ls 75/93
Payments that are contributions or independent expenditures must also be summarized on	Schedule D.	SUBIUIA	L3 / U/ 12

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