atement of Organization cipient Committee				STATEMENT OF ORGANIZATION		
		Type or print in ink		CALIFORNIA 410		
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tement Type	☐ Initial	Amendment List I.D. number:	☐ Termination – See Part 5 List I.D. number:	For Official Use Only		
	Not yet qualified	or List I.D. number:	List I.D. number.	RECEIMED		
		# 1555 6CS	#	71 HIS 10 DO 55		
	, ,			11 MAR 10 P3 55		
	Date qualified as co	mmittee Date qualified as committee (If applicable)	Date of Termination	CITY CLERK		
Committee	nfo was at least	(ii approand)	2 Treasurer and Of	ther Principal Officers DEN/		
NAME OF COMMITTE						
SS/UT	STEVER	150N 4 PUSIS BOARD	2011 John E	DUNCAN DUNCAN		
			STREET ADDRESS	ts PLORES DR.		
STREET ADDRESS (I	NO P.O. BOX) ARAI	LA ROAD	GITALOGA	A CA 91001 626398-0987		
CITY	Deva	STATE ZIP CODE AREA CODE	E/PHONE NAME OF ASSISTANT TREAS	A. STEVENSON		
MAILING ADDRESS (if DIFFERENT)	5142, ACTADONA	7/003 STREET AL	VALIA ROAD		
OPTIONAL: FAX/E-		5142,71 Col Work	127ADON	A CA STATE GIP CODE AREA CODE/PHONE		
				HER PRINCIPAL OFFICER(S), IF APPLICABLE		
COUNTY OF DOMICE	Geles	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFER THAN COUNTY OF DOMICILE	MAILING ADDRESS			
Attach additional in	formation on appropris	ately labeled continuation sheets.	CITY	STATE ZIP CODE AREA CODE/PHONE		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, com appropri					
Verification	asonable diligence	in preparing this statement and to the best	of my knowledge the information cont	ained herein is true and complete. I certify under penalty of		
perjury under the	laws of the State of	f California that the foregoing is true and co	orrect.	2 —		
Executed on	B/1/11	By	1 Mary	n Stevenson		
	2/6/DATE		SIGNATURE DE	TREASURER OR ASSISTANT TREASURER		
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT		
Executed on	DATE	By	SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT		
Executed on	DATE	By	SIGNATURE OF CONTROLLING OF	FIGEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT		

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION CALIFORNIA 1 Page 2

STEVENSON 4 PUSD BOARD 2011 COMMITTEE NAME GINE

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)	YEAR OF ELECTION	PARTY					
GENE STEVENSON	WEMBERL, PUSD UNITE	2011	Non-Partisan					
	04,000		☐ Non-Partisan					
List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)								
NAME OF FINANCIAL INSTITUTION VOAWIC OF THE WOST	AREA CODE/PHONE 676 - 56 Y - 4000 BANNACCO	INT NUMBER # 12 TING # 12 # 0235	742843	0				
NAME OF FINANCIAL INSTITUTION NEARLY OF THE WEST ADDRESS SET E. GOTORADO BLUS	D PASA DEWA CA	ZIP CODE						
	specific candidates or measures in a single election. List below	r.						
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)								
			SUPPORT	OPPOSE				
			SUPPORT	OPPOSE				

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STATEMENT OF ORGANIZATION Statement of Organization **CALIFORNIA** , Recipient Committee **FORM** INSTRUCTIONS ON REVERSE CENT STOUGHSON 4 PUST BOARD 2011 4. Type of Committee (Continued) General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE Small Contributor Committee Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a Date qualified small contributor committee on January 1, 2001, enter 1/1/01.

- 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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