

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
 Not yet qualified or

 Date qualified as committee

Amendment
 List I.D. number:
 # 1335625

 Date qualified as committee
 (if applicable)

Termination - See Part 5
 List I.D. number:
 # _____

 Date of Termination

| | |
|----------------------------------------------------------------------|-----------------------------------------------------|
| Date Stamp | CALIFORNIA FORM 410 For Official Use Only |
| RECEIVED 11 MAR 10 3 55 CITY CLERK CITY OF PASADENA | |

Committee Information

NAME OF COMMITTEE
GENE STEVENSON 4 PUSB BOARD 2011

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
ALTADENA CA 91001

MAILING ADDRESS (IF DIFFERENT)

ALTADENA 91003

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
LOS ANGELES

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
John David Duncan

STREET ADDRESS

CITY STATE ZIP CODE
ALTADENA CA 91001

NAME OF ASSISTANT TREASURER, IF ANY
RICHLY A. STEVENSON

CITY STATE ZIP CODE
ALTADENA CA 91001

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 3/1/11 DATE
 Executed on 3/9/11 DATE
 Executed on _____ DATE
 Executed on _____ DATE

By Mary Ann Stevenson
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME
GENE STEVENSON 4 PUSD BOARD 2011

I.D. NUMBER
1335625

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 | UNIONBETL, PUSD UNIFIED SCHOOL BOARD | 2011 | <input checked="" type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | CITY | STATE | ZIP CODE |
|-------------------------------|-----------------|-----------------|-----------|------------|
| BANK OF THE WEST | [REDACTED] | PASADENA | CA | [REDACTED] |

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 |
| | | | |
| | | | |

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COMMITTEE NAME

GENE STEVENSON 4 PUSD BOARD 2011

I.D. NUMBER

1335625

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.

| NAME OF SPONSOR | | INDUSTRY GROUP OR AFFILIATION 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 small contributor committee on January 1, 2001, enter 1/1/01.
Date qualified

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.