

**Statement of Organization
Recipient Committee**

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STATEMENT OF ORGANIZATION

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Official Secretary of State
of the State of California

SEP 25 2006

BRUCE MCPHERSON
Secretary of State

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment
List I.D. number: # _____

9 / 18 / 06
Date qualified as committee
(if applicable)

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

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Kevin Stevens for City Council

STREET ADDRESS (NO PO. BOX)
1408 Graffigna Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	952422461	209-333-0145

MAILING ADDRESS (IF DIFFERENT)
PO Box 1383, Lodi, CA 95241-1383

OPTIONAL: FAX / E-MAIL ADDRESS
Kevin4Council@TelNetCom.US

COUNTY OF DOMICILE San Joaquin	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
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2. Treasurer and Other Principal Officers

NAME OF TREASURER
Kevin E. Stevens

STREET ADDRESS
PO Box 1383

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	952411383	209-333-0145

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

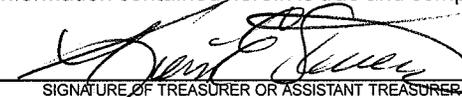
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 18 September 2006
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Kevin Stevens for City Council

I.D. NUMBER

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
Kevin Stevens	Lodi City Council	2006	<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	BANK ACCOUNT NUMBER	
F&M Bank	209-367-2300	1101202101	
ADDRESS	CITY	STATE	ZIP CODE
1020 W. Kettleman Lane	Lodi	CA	95240

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