

Recipient Committee

Type or print in ink

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

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

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

1290555
6.30.09
Date of Termination

Date Stamp	CALIFORNIA FORM 410
RECEIVED	
2009 JUL 14 am 10:29	For Official Use Only
CITY CLERK CITY OF LODI	

1. Committee Information

NAME OF COMMITTEE

KEVIN STEVENS FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

4613 E. ACAMPO ROAD

CITY STATE ZIP CODE AREA CODE/PHONE

Acampo CA 95220 209.333.0145

MAILING ADDRESS (IF DIFFERENT)

PO Box 1383, Lodi, CA 95241-1383

OPTIONAL: FAX / E-MAIL ADDRESS

KEVIN@TELNET.COM.US

COUNTY OF DOMICILE

SAN JOAQUIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

NAME OF TREASURER

KEVIN E. STEVENS

STREET ADDRESS (NO P.O. BOX)

4613 E. ACAMPO ROAD

CITY STATE ZIP CODE AREA CODE/PHONE

Acampo, CA 95220 209.333.0145

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 7.12.09
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7.12.09
DATE

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

Executed on _____
DATE

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

Executed on _____
DATE

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

KEVIN STEVENS FOR CITY COUNCIL

I.D. NUMBER

1290555

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION YEAR OF ELECTION	PARTY PARTY
<u>KEVIN STEVENS</u>	<u>LODI CITY COUNCIL</u>	<u>2006</u>	<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
<u>FARM BANK</u>	<u>367.2300</u>	<u>1101202101</u>
<u>1070 W KETTLEMAN LANE</u>	<u>LO</u>	<u>CA 95240</u>

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

	SUPPORT	OPPOSE