

STATEMENT OF ECONOMIC INTERESTS

FILED
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FEB 18 2011

COVER PAGE
2011 FEB 28 AM 9:10

TP

Please type or print in ink.

CITY OF SOLEDAD
CITY CLERK'S OFFICE

NAME OF FILER (LAST) Stephens (FIRST) Diane (MIDDLE) Patricia

1. Office, Agency, or Court

Agency Name: City of Soledad
Division, Board, Department, District, if applicable: Council member / Redevelopment Agency
Your Position: Council member / Redevelopment Agency

If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Soledad Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or- The period covered is _____, through December 31, 2010.
- Assuming Office: Date _____
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2010, through the date of leaving office.
 - The period covered is _____, through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

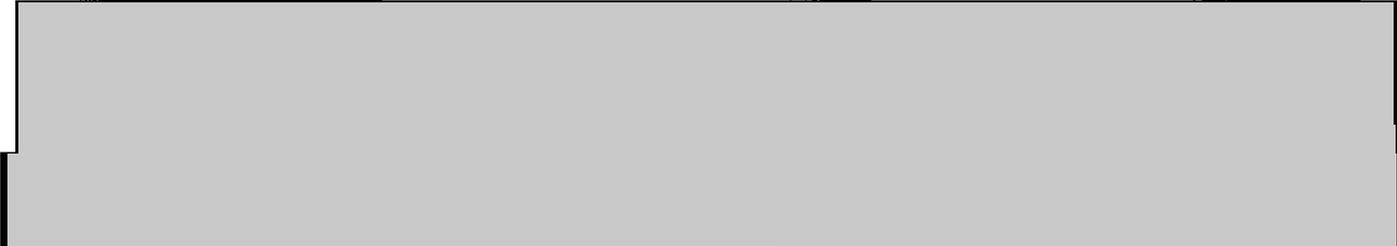
Check applicable schedules or "None."

Total number of pages including this cover page: _____

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that

Date Signed 2-17-2011 (month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Patricia D. Stephens

NAME OF BUSINESS ENTITY: Chevron / Texaco Corp
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: GAS
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Citigroup Corp
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Banking
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Exxon Mobile Corp
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: GAS
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Wells Fargo & Co
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Banking
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Bank of America
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Banking
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name Patricia Stephens

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE
League of California Cities
 ADDRESS (Business Address Acceptable)
1400 K St ; Sacramento
 CITY AND STATE
Policy committee meetings
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501(c)(3)

DATE(S): 1/18/2010 1/19/2010 AMT: \$ 80⁰⁰
 (if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Lunch for 2 policy
committee meetings

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501(c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE
League of California Cities
 ADDRESS (Business Address Acceptable)
1400 K St ; Sacramento
 CITY AND STATE
Policy committee meetings
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501(c)(3)

DATE(S): 3/23/2010 3/24/2010 AMT: \$ 4000
 (if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: lunch for 1
policy committee meeting

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501(c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____