

**Recipient Committee  
Campaign Statement  
Cover Page**

|  |   |
|--|---|
| Statement covers period<br>from <u>10-23-16</u><br>through <u>12-31-16</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11-8-16</u> |
|--|---|

Date Stamp  
2017 JAN 31 PM 1:57  
CITY CLERKS OFFICE  
CITY OF SANTA CLARITA

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
**1343994**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Re Elect TimBen Boydston to City Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Annette Lucas

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/30/17  
Date

By \_\_\_\_\_

Executed on 1/30/17  
Date

By \_\_\_\_\_

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>10-23-16</u><br>through <u>12-31-16</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>3</u> of <u>8</u>      |
|  | I.D. NUMBER<br>1343994         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TimBen Boydston

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 3,179.00  | \$ 20,866.49                               |
| 2. Loans Received..... Schedule B, Line 3            | \$ -0-   | \$ 5,000.00                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 3,179.00  | \$ 25,866.49                               |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ -0-   | \$ 1,458.99                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 3,179.00  | \$ 27,325.48                               |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

## Expenditures Made

|  | Column A    | Column B     |
|--|-------------|--------------|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 8,845.34 | \$ 25,236.06 |
| 7. Loans Made..... Schedule H, Line 3                      | \$ -0-      | \$ 5,000.00  |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 8,845.34 | \$ 30,236.06 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ -0-      | \$ -0-       |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$ -0-      | \$ 1,458.99  |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 8,845.34 | \$ 31,695.05 |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

## Current Cash Statement

|  |             |
|--|-------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 9,111.47 |
| 13. Cash Receipts..... Column A, Line 3 above                              | 3,179.00    |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | -0-         |
| 15. Cash Payments..... Column A, Line 8 above                              | 8,845.34    |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 3,445.19 |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

## 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2

## Cash Equivalents and Outstanding Debts

|  |          |
|--|----------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ _____ |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ _____ |