

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CITY OF SANTA CLARITA

Date Stamp
2016 OCT 5 PM 2:15

CITY CLERK'S OFFICE

CALIFORNIA FORM 460

Page 1 of 4

For Official Use Only

Statement covers period

from 7-1-16

through 9-24-16

Date of election if applicable:
(Month, Day, Year)

Nov. 8, 2016

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

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |
| <u>delayed receipt of in kind donation period 7-1-16 thru 9-24-16</u> | |

3. Committee Information

I.D. NUMBER
1343994

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

Re Elect TimBen Boydston to City Council 2016

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 Oct 5, 2016
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on Oct 5, 2016
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
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 | | CALIFORNIA FORM 460 |
| from | 7-1-16 | |
| through | 9-24-16 | Page <u>3</u> of <u>4</u> |
| | | I.D. NUMBER 1343994 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re Elect TimBen Boydston to City Council 2016

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 10,907.49 | \$ 11,407.49 |
| 2. Loans Received..... Schedule B, Line 3 | 5,000.00 | 5,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 15,907.49 | \$ 16,407.49 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 1,458.99 | 1,458.99 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 17,366.48 | \$ 17,506.48 |

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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ 4,198.58 | \$ 4,279.58 |
| 7. Loans Made..... Schedule H, Line 3 | -0- | -0- |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 4,198.58 | \$ 4,279.58 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | -0- | -0- |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 1,458.99 | 1,458.99 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 5,657.57 | \$ 5,738.57 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|--------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 3,223.66 |
| 13. Cash Receipts Column A, Line 3 above | 10,907.49 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 5,000.00 |
| 15. Cash Payments Column A, Line 8 above | 4,198.58 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 14,932.57 |

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

| | |
|---|--------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ -0- |
|---|--------|

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents See instructions on reverse | \$ -0- |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 5,000.00 |

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.