

Candidate Intention Statement

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CITY OF SANTA CLARITA
Date Stamp
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CITY CLERKS OFFICE

CANDIDATE INTENTION STATEMENT
CALIFORNIA FORM 501
For Official Use Only
COPY

Check One: [ ] Initial [x] Amendment (Explain) Re Elect
Re Elect TimBen Boydston To City Council 2016

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Boydston, ,TimBen
DAYTIME TELEPHONE NUMBER
FAX NUMBER (optional)
E-MAIL (optional)
STREET ADDRESS
CITY Santa Clarita STATE ZIP CODE
OFFICE SOUGHT (POSITION TITLE) City of Santa Clarita City Council
AGENCY NAME
DISTRICT NUMBER, if applicable.
NON-PARTISAN
OFFICE JURISDICTION
[ ] State (Complete Part 2.)
[x] City [ ] County [ ] Multi-County:
(Name of Multi-County Jurisdiction)
2016
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election Special/runoff election
(Year of Election) (Year of Election)

(Check one box)

- [ ] I accept the voluntary expenditure ceiling for the election stated above.
[ ] I do not accept the voluntary expenditure ceiling for the election stated above.
Amendment:
[ ] I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_/\_\_\_/\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

[ ] On \_\_\_/\_\_\_/\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury, under the laws of the State of California that the foregoing is true and correct.

Executed on 12/16/15
(month, day, year)

Signature (Candidate)