

Statement of Organization Recipient Committee

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Type or print in ink

1322176 Santa Clarita

CITY OF SANTA CLARITA

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

RECEIVED BY - See Part 5 LOS ANGELES COUNTY

#

2009 OCT 22 AM 6:42

10 / 08 / 09

Date qualified as committee

Date qualified as committee (If applicable)

CAMPAIGN FINANCE DISCLOSURE SECTION

RECEIVED AND FILED in the office of the Secretary of State of the State of California CLERKS OFFICE OCT 14 2009

DEBRA BOWEN Secretary of State

1. Committee Information

NAME OF COMMITTEE

Committee to Elect TimBen Boydston to City Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX) 25903 Andermatt Place

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY N/A

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S) N/A

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 October 9, 2009 DATE

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Executed on DATE

Executed on DATE

By [Redacted Signature] ASSISTANT TREASURER

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

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