

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

|  |   |   |                                |
|--|---|---|--------------------------------|
| Date of election if applicable:<br>(Month, Day, Year)<br><br>_____ | <input type="checkbox"/> <b>Amendment</b> (Explain Below)<br><br>_____<br><br>_____ | Date Stamp<br><br>CITY OF SANTA CLARITA | <b>CALIFORNIA<br/>FORM 470</b> |
|  |   | 2007 JUL 20 P 3:10                      | For Official Use Only          |

RECEIVED  
CITY CLERKS OFFICE

1. Statement Covers Calendar Year 20 07.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

TIMOTHY BEN BOYOSTON

STREET ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP CODE

\_\_\_\_\_

CA

\_\_\_\_\_

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| COMMITTEE NAME AND I.D. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER |
|--------------------------------|-------------------|-------------------|
| <u>N/A</u>                     |                   |                   |
|                                |                   |                   |

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/20/07  
DATE

By

[Signature]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE