

Officeholder and Candidate Campaign Statement – Short Form

Government Code Section 84206)

Type or print in ink.

CITY OF SANTA CLARITA

SHORT FORM

Date of election if applicable: (Month, Day, Year) <u>04/13/2010</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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Date Stamp 2010 MAR -9 P 2:30 RECEIVED CITY CLERKS OFFICE	CALIFORNIA FORM 470 For Official Use Only
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Statement Covers Calendar Year 20 10 .

Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 DAVID GALVAN

STREET ADDRESS
 [REDACTED]

CITY STATE ZIP CODE
 [REDACTED] [REDACTED] [REDACTED]

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 [REDACTED] [REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 CITY COUNCIL MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 CITY OF SANTA CLARITA

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
DAVID GALVAN FOR CITY OF SANTA CLARITA CITY COUNCIL 2010 ID# 1323304	PO BOX 800654 SANTA CLARITA, CA 91380-0654	DAVID GALVAN

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 MARCH 01, 2010
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE