

Statement of Organization  
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified  or

List I.D. number:

List I.D. number:

#

#

Date qualified as committee

Date qualified as committee

Date of Termination

(If applicable)

CITY OF SANTA CLARITA  
Date: 2007 JAN 31 P 1:33  
RECEIVED  
CITY CLERKS OFFICE  
CALIFORNIA FORM 410  
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1. Committee Information

NAME OF COMMITTEE

BOB KELLAR FOR CITY COUNCIL  
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

SANTA CLARITA, CA.  
MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

LOS ANGELES

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ROBERT E. DAVIS

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

SANTA CLARITA, CA.  
NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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

1-31-07  
DATE

By

R. E. Davis

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

1-31-07  
DATE

By

Robert C. Keller

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT