

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA FORM 460

CITY OF SANTA CLARITA Page 1 of 5

2007 JUL 30 A 7:57

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1-1-07 through 6-30-07

Date of election if applicable: (Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee

- Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement

RECEIVED CITY CLERKS OFFICE

3. Committee Information

I.D. NUMBER 1A20502

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Treasurer(s)

NAME OF TREASURER

ROBERT E. DAVIS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

BOB HELLAR FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 7-29-07 Date

By Robert E. Davis Signature of Treasurer or Assistant Treasurer

Executed on 7-29-07 Date

By Robert C. Heller Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-07
through 6-30-07

SUMMARY PAGE
CALIFORNIA FORM 460
Page 3 of 5
I.D. NUMBER
1220301

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ROBERT C. KELLOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>34,186.00</u>	\$ /
2. Loans Received Schedule B, Line 3	\$ /	\$ /
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>34,186.00</u>	\$ /
4. Nonmonetary Contributions Schedule C, Line 3	\$ /	\$ /
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>34,186.00</u>	\$ /

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ /	\$ <u>359.61</u>
7. Loans Made Schedule H, Line 3	\$ /	\$ /
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ /	\$ <u>359.61</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ /	\$ /
10. Nonmonetary Adjustment Schedule G, Line 3	\$ /	\$ /
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ /	\$ <u>359.61</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____ / _____ / _____	\$ _____
_____ / _____ / _____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>290.08</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>34,186.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>359.61</u>
15. Cash Payments Column A, Line 8 above	\$ <u>47.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>34,116.69</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ /
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ /

*Amounts in this section may be different from amounts reported in Column B.