

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Data Stamp	CALIFORNIA FORM	460
	Page <u>1</u> of <u>15</u>	For Official Use Only

Statement covers period from <u>March 25, 2012</u> through <u>June 30, 2012</u>	Date of election if applicable: (Month, Day, Year) <u>April 10, 2012</u>
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)
<u>Addition of missing information</u> | |

3. Committee Information

I.D. NUMBER
1220502

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

Bob Kellar for City Council 2012

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Clarita</u>	<u>Ca</u>		

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Robert Davis

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Clarita</u>	<u>Ca</u>		

NAME OF ASSISTANT TREASURER, IF ANY

Bobbe Higby

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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

Executed on 1/1/2013
Date

By _____

Executed on 1/1/2013
Date

By _____
Signature of 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