

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CITY CLERKS OFFICE
CITY OF SANTA CRUZ
2016 JUL 28 PM 3:42

Date Stamp

**CALIFORNIA
FORM 460**

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For Official Use Only

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

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

Statement covers period
from January 1, 2016
through June 30, 2016

Date of election if applicable:
(Month, Day, Year)
November 8, 2016

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Bob Kellar for City Council 2016

I.D. NUMBER
1380990

Treasurer(s)

NAME OF TREASURER
Sharon Bronson

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL 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 and correct.

Executed on <u>7-28-16</u> Date	By <u>-</u>
Executed on <u>7-28-16</u> Date	By <u>-</u>
Executed on _____ Date	By _____
Executed on _____ Date	By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent
Signature of Controlling Officeholder, Candidate, State Measure Proponent
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from January 1, 2016 through June 30, 2016

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I.D. NUMBER 1380990



SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Bob Kellar for City Council 2016

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 32,994.00	40,644
2. Loans Received	Schedule B, Line 3 0	200
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 32,994	
4. Nonmonetary Contributions	Schedule C, Line 3 0	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 32,994.00	40,844.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 11,956.61	14,402.27
7. Loans Made	Schedule H, Line 3 0	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 11,956.61	14,402.27
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	
10. Nonmonetary Adjustment	Schedule G, Line 3 0	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 11,956.61	14,402.27

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 5204.34	
13. Cash Receipts	Column A, Line 3 above 32,994.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above 11,956.61	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 26,241.73	

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2
0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 0

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

20. Contributions Received	1/1 through 6/30 \$ _____	7/1 to Date \$ _____
21. Expenditures Made	\$ _____	\$ _____

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
✓	✓	\$ _____
✓	✓	\$ _____

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

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).