

Recipient Committee Campaign Statement Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>January 1, 2016</u> through <u>June 30, 2016</u>		Date of election if applicable: (Month, Day, Year) <u>November 8, 2016</u>		CITY CLERKS OFFICE CITY OF SANTA CRUZ 2016 JUL 28 PM 3:42		Date Stamp 2016 JUL 28 PM 3:42	
				CALIFORNIA FORM 460		Page <u>1</u> of <u>17</u> For Official Use Only			

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

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

ID 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 7-28-16 Date By -

Executed on 7-28-16 Date By -

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

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	\$ _____	\$ _____

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

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	\$ 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 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ 26,241.73

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
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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

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).

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