

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
CITY OF SANTA CLARITA	Page <u>1</u> of <u>13</u>
2012 MAR 27 P 3:28	For Official Use Only

Statement covers period
from Feb. 26, 2012
through March 24, 2012

Date of election if applicable:
(Month, Day, Year)
April 10, 2012

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 checked="" 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 type="checkbox"/> Amendment (Explain below) | |

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

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

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 March 25, 2012
Date

Executed on March 25, 2012
Date

Executed on _____
Date

Executed on _____
Date

By _____
Date

By _____
Date

By _____
Date

By _____
Date

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>Feb. 26, 2012</u>	CALIFORNIA FORM 460
through <u>March 24, 2012</u>	
Page <u>2</u> of <u>13</u>	
I.D. NUMBER 1220502	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bob Kellar for City Council 2012

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 17,346.99	\$ 35,832.99
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 17,346.99	\$ 35,832.99
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 17,346.99	\$ 35,832.99

**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

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 16,824.59	\$ 25,026.22
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 16,824.59	\$ 25,026.22
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 16,824.59	\$ 25,026.22

**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	\$ 17,320.90
13. Cash Receipts	Column A, Line 3 above	17,346.99
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	16,824.59
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 17,843.30

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.

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

17. 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