

**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 CLARA | Page <u>1</u> of <u>1</u> |
| 2013 JAN -2 P 12:53 | For Official Use Only |

| | |
|--|--|
| Statement covers period from _____ through _____ | Date of election if applicable: (Month, Day, Year) _____ |
|--|--|

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 checked="" 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) | |

RECEIVED
CITY CLERKS OFFICE

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 and correct.

Executed on 12-31-2012
Date

By _____
Signature of Assistant Treasurer

Executed on 12-31-2012
Date

By _____
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