

# 497 Contribution Report

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

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 CLERKS OFFICE  
 SANTA CLARITA

497 CONTRIBUTION REPORT

NAME OF FILER <i>Bob Kellar for City Council</i> AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) <i>1380990</i>	Date of This Filing <i>Oct 18, 2016</i> Report No. <i>7</i> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages _____	<b>CALIFORNIA FORM 497</b> For Official Use Only
STREET ADDRESS CITY, STATE ZIP CODE		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<i>Oct 18 2016</i>	<i>Bixfed PAC # 1305594</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$1,000<sup>00</sup></i> <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: \_\_\_\_\_

**\*\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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