

497 Contribution Report

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

2016 OCT 19 PM 4:19
 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>10-19-16</i> Report No. <i>8</i> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	Date Stamp 2016 OCT 19 PM 4:19 CLERKS OFFICE SANTA CLARITA	CALIFORNIA FORM 497 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<i>10/18/16</i>	<i>38th AD Republican Central Committee</i> <i>FPPC # 830272</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>2029 ⁸⁹/₁₀₀</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

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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