

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY OF SANTA CLARITA
 2016 OCT 25 PM 3:09
 CITY CLERKS OFFICE

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER
 BOB KELLAR FOR CITY COUNCIL 2016
AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)** 1380990
STREET ADDRESS _____
CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing 10/25/16
Report No. 9
 Amendment to Report No. _____
 (explain below)
No. of Pages _____

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 |
|---------------|---|---|---|---|
| 10/24/16 | Paul Jennings | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO Corp PCS | \$1000 <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 |

****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

Reason for Amendment: _____

255-4938