

# 497 Contribution Report

Amounts may be rounded to whole dollars.

CITY OF SANTA CLARITA  
 2016 SEP 28 AM 10:45  
 CITY CLERK'S OFFICE

**CALIFORNIA FORM 497**  
 For Official Use Only

NAME OF FILER: Bob Kellar for City Council  
 AREA CODE/PHONE NUMBER: \_\_\_\_\_  
 I.D. NUMBER (if applicable): 2016  
1380990

Date of This Filing: 9-20-16  
 Report No.: 2  
 Amendment to Report No. \_\_\_\_\_  
 (explain below)  
 No. of Pages: 1

STREET ADDRESS: \_\_\_\_\_

## 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
<u>9/19/16</u>	<u>Mariam Sandnes</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired</u>	<u>\$1000.00</u>  <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: \_\_\_\_\_