

497 Contribution Report

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

SANTA CLARITA
 CITY CLERKS OFFICE
 2015 OCT 3 PM 12:02

497 CONTRIBUTION REPORT

NAME OF FILER <i>Bob Kellar for City Council</i>	Date of This Filing <i>10-3-16</i>	Date Stamp 2015 OCT 3 PM 12:02	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) <i>1380990</i>	Report No. <i>5</i>	
STREET ADDRESS _____	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY, _____ STATE _____ ZIP CODE _____	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
<i>10/3/16</i>	<i>Joe Caso</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Business Owner Frontier Toyota</i>	<i>\$1000⁰⁰</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

10-03-16; 11:45AM;

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