

**Recipient Committee  
Campaign Statement  
Cover Page**

CITY OF SANTA CLARITA  
 Date Stamp  
 2017 JUL 31 AM 9:03  
 CITY CLERK'S OFFICE

**CALIFORNIA FORM 460**

Page 1 of 10  
For Official Use Only

**Statement covers period**  
 from Oct. 23, 2016  
 through Dec. 31, 2016

**Date of election if applicable:**  
 (Month, Day, Year)  
November 8, 2016

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.**
- Officeholder, Candidate Controlled Committee
    - State Candidate Election Committee
    - Recall  
*(Also Complete Part 5)*
  - General Purpose Committee
    - Sponsored
    - Small Contributor Committee
    - Political Party/Central Committee
  - Primarily Formed Ballot Measure Committee
    - Controlled  
*(Also Complete Part 6)*
    - Sponsored  
*(Also Complete Part 6)*
  - Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

- 2. Type of Statement:**
- Preelection Statement
  - Semi-annual Statement
  - Termination Statement  
*(Also file a Form 410 Termination)*
  - Amendment (Explain below)  
Added expenses not included on original report
  - Quarterly Statement
  - Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1380990

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Bob Kellar for City Council 2016

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
\_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
Sharon Bronson

MAILING ADDRESS  
\_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

MAILING ADDRESS  
\_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 25, 2017  
Date

Executed on July 25, 2017  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Oct. 23, 2016	
through	Dec. 31, 2016	Page <u>2</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Bob Kellar for City Council 2016		1380990

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Bob Kellar for City Council 2016

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 5,449.00	\$ 67,911.00
2. Loans Received..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 5,449.00	\$ 67,911.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0	1,000.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 5,449.00	\$ 68,911.00

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 13,277.20	\$ 64,378.78
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 13,277.20	\$ 64,378.78
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 13,277.20	\$ 64,378.78

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 11,360.42
13. Cash Receipts..... Column A, Line 3 above	5,449.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	13,277.20
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,532.22

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

\*Amounts in this section may be different from amounts reported in Column B.