

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

CITY CLERKS OFFICE  
 CITY OF SANTA LARITA  
 Date Stamp  
 2017 NOV 13 AM 9:45

**CALIFORNIA  
FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_  
For Official Use Only

**Statement covers period**  
 from Jan. 1, 2017  
 through June 30, 2017

**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
    - 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)  
Correct incomplete address on schedule E
  - 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 November 9, 2017  
Date

Executed on November 9, 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