

Santa Clarita

A

Statement of Organization Recipient Committee

Statement Type: Initial, Amendment, Termination - See Part 5. Dates: 07/01/2015, 07/11/2017

RECEIVED AND FILED CALIFORNIA FORM 410. In the office of the Secretary of State of the State of California. JAN 02 2018. 2018 JAN -9 PM 3:23. CAMPAIGN FINANCE

1. Committee Information I.D. Number (if applicable) 1380990

NAME OF COMMITTEE: Bob Kellar for City Council 2016. CITY: Santa Clarita, STATE: Ca, ZIP CODE: 91387. COUNTY OF DOMICILE: Los Angeles, JURISDICTION WHERE COMMITTEE IS ACTIVE: Santa Clarita

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Sharon Bronson. CITY: Santa Clarita, STATE: Ca, ZIP CODE: 91387. NAME OF ASSISTANT TREASURER, IF ANY: [Blank]. NAME OF PRINCIPAL OFFICER(S): [Blank]

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 12/26/2017 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on 12/26/2017 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

CITY CLERKS OFFICE CITY OF SANTA CLARITA 2018 JUN 25 AM 11:26