

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CITY OF DATE STAMP CLARITA

**CALIFORNIA
2001/02
FORM 460**

2004 SEP 7 A 10:18

Page _____ of _____

For Official Use Only

Statement covers period
from 9-28-04
through 6-30-04

Date of election if applicable:
(Month, Day, Year)

RECIPIENT
CITY CLERK OFFICE

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
- Ballot Measure Committee
 - Primarily Formed
 - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

TO ADD LIST OF
CONTRIBUTORS

3. Committee Information

I.D. NUMBER
1220502

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

BOB KELLER FOR CITY COUNCIL
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHO

SANTA CLARITA CO.
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

R. J. KELLY
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

SANTA CLARITA CO.
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 _____ Date

Executed on 9-7-04 Date

Executed on _____ Date

Executed on _____ Date

By SEE LETTER Signature of Treasurer or Assistant Treasurer

By Robert C. Keller 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