Recipient Committee

COVER PAGE

Cover Page	Type or print in ink.	nk.	Parke Stamp	CALIFORNIA 460
(Government Code Sections of 200 of 200)	Statement covers period 8/1/10	Date of election if applicable: (Month, Day, Year)	JAN 27 2011	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/10		JACL FRIFTURE	N. K. E. K.
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2) Officeholder, Candidate Controlled Committee	- Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Present Pre	აწნ □ □	Quarterly Statement Special Odd-Year Report
O Recall (Aso Complete Part 5) Committee	Controlled Sponsored (Also Complete Part 6)	☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	ation)	Supplemental Preelection Statement - Attach Form 495
O Small Contributor Committee O Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			
3. Committee Information	1.D. NUMBER 1303602	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Michael W. Kelley	EE)	name of treasurer Judy A. Kelley		
		MAILING ADDRESS 2715 La Brucherie Rd.		
STREET ADDRESS (NO P.O. BOX) 2715 La Brucherie Rd.		cıry İmperial	STATE Ca	ZIP CODE AREA CODE/PHONE 92251 760-355-2385
Imperial Ca 92	ZIP CODE AREA CODE/PHONE 92251 760-355-2385	NAME OF ASSISTANT TREASURER, IF ANY	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	O. BOX	MAILING ADDRESS		i
CITY STATE ZIF	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	SS	

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 taws of the State of California that the foregoing is true and complete.

Executed on	Executed on	Executed on 1/27/11	Executed on
By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Signature of reasular or Applicant Yearsurger

Campaign Statement
Cover Page — Part 2 Recipient Committee

Page 2	CALIFORNIA FORM	000
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	Attach continuation sheets if necessary	Attach continuation		ZIP CODE AREA CODE/PHONE	STATE ZIP (CITY
				SOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	I.D. 20 OMBBER REAL		COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ZIP CODE AREA CODE/PHONE	STATE ZIP (СІТҮ
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	[STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
List names of vrmed.	Primarily Formed Candidate/Officeholder Committee List nofficeholder(s) or candidate(s) for which this committee is primarily formed.	I Candidate/Office	7. Primarily Formed officeholder(s) or cand	CONTROLLED COMMITTEE?		NAME OF TREASURER
;				I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY	i.D	OFFICE SOUGHT OR HELD	Related Committees Not Included in this statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not included in this statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committee not included in this state contributions or make ex
)PONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	NAME OF OFFICEHOLDE			F. C. La Francisci C.
ponent, if any.	ing officeholder, candidate, or state measure proponent, if any.	ng officeholder, cand	Identify the controllir	ET) CITY STATE ZIP	STRE	RESIDENTIAL/BUSINESS ADDR
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	OT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Supervisor, Imperial County, Dist. 3	OFFICE SOUGHT OR HELD (INCLUDE LOCATION Supervisor, Imperial County, Dist. 3
			NAME OF BALLO I MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE Michael W. Kelley
	committee	Ballot Measure Committee	6. Primarily Formed	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Car

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded

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Summary Page	Amounts may be rounded to whole dollars.	·	Statement covers period 8/1/10	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through		Page 3 of 4
NAME OF FILER				I.D. NUMBER
Michael W. Kelley		;		1303602
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate Running in Both the State Primary and General Flortions	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3	-0-	\$		1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	-0-	-	20. Contributions	A
4. Nonmonetary Contributions Schedule C, Line 3	-0-		21, Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ -0-	\$	Made \$	•
Expenditures Made 6. Payments Made Schedule E, Line 4	\$ 100.	4	Expenditure Limit S Candidates	Limit Summary for State
7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	100.		22. Cumulative	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3	-0-		- Date of Election (mm/dd/vv)	Total to Date
Add Lines 8 + 9 + 10	\$ 100.	\$		⇔
Current Cash Statement	4 200 00			€A
12. Beginning Cash Balance	\$ 1,284.90	To calculate Column B, add amounts in Column A to the	dd	
14. Miscellaneous Increases to Cash Schedule I, Line 4	-0-	corresponding amounts from Column 8 of your last	<u> </u>	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,184.90	Column A may be negative figures that should be	ve -	
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ -0-	for this calendar year, only carry over the amounts	하	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	-0-	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	-0-		FPPC Toll-Free Helpline	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

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

	Statement
8/1/10	COVERS

SCHEDULEE

nt covers period CALIFORNIA 460
8/1/10 FORM FORM
12/31/10 Page 4 of +

SEE INSTRUCTIONS ON REVERSE NAME OF FILER	through 12/31/10	Page 4
		I.D. NUMBER
Michael W. Kelley		1303602

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	SUBTOTAL\$	arized on Schedule D.	must also be summ	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
\$100.		cvc		ITFA (Imperial Tiger Football Association) 104 Dahlia Lane Imperial, Calif. 92251
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR D		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)
ts me candidate/sponsor e-mail)	RAD radio airlime and production costs RED returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	member communications meetings and appearances office expenses petition circulating phone banks phone banks polling and survey research polling and survey and messenger services professional services (legal, accounting) print ads	MBR member communications M G meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and m PRO professional services (le PRT print ads	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/bailot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings

Schedule E Summary

- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$ 2. Unitemized payments made this period of under \$100 1. Itemized payments made this period. (Include all Schedule E subtotals.)\$ 69 \$100. \$100. þ þ

Recipient Committee Campaign Statement	Type or print in Ink.	In K.	REGISTRAR OF VOTER	CALIFORNIA 460
Cover Page (Government Code Sections 84200-84216.5)			JUL 14 2011	
	Statement covers period 1/1/11	Date of election if applicable: (Month, Day, Year)		For Official Use Only
	6/30/11		RECEIVED BY: 7. 10 1/2) N-
SEE HOLLOCK HONG ON VENEZOE	inrough		4	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	:	
☑ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee	Primarily Formed Ballot Measure Committee	Preelection Statement Semi-annual Statement	☐ Quarte	Quarterly Statement
(Also Complete Part 5)	O Controlled O Sponsored			Statement - Attach Form 495
☐ General Purpose Committee ☐ Sponsored	Primarily Formed Candidate/	Amendment (Explain below)		
○ Small Contributor Committee ○ Political Party/Central Committee	Onicendaer Committee (Also Complete Part 7)			
3. Committee Information	1.D. NUMBER 1303602	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	(f)	NAME OF TREASURER		
Committee to Lieut machage vy. Itemay		MAILING ADDRESS		
		2715 La Brucherie Rd.		
STREET ADDRESS (NO P.O. BOX)		CITY	ш)Ë
5 La Brucherie Kd		Imperial	Ca 92251	760-355-2385
Imperial Ca 92251	21P CODE AREA CODE/PHONE 92251 760-355-2385	NAME OF ASSISTANT TREASURER, IF ANY	ER. IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX). BOX	MAILING ADDRESS		
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	288	
 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. 	ving this statement and to the best of my kno rnia that the foregoing is true and correct	wledge the information contained here	ein and in the attached schedule	is is true and complete. I certify
Executed on 7/5/11	By	uchi (le X01000		
7/5/11		Signature of Treasurer of Assistant Tr	dasurer	
Executed on Date	By Signature of Con	Signature of Controlling Officerholder, Candidate, State Measury Propo	Proponent or Responsible Officer of Sponsor	1

Signature of Controlling Officeholder, Candidate, State Measure Proponent ponent FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of Celifornia

Executed on

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B

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

	necessary	on sheets if	Attach continuation sheets if necessary	Attaci	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
D SUPPORT	OFFICE SOUGHT OR HELD	OFFICE SOL	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE? OX)	STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER COMMITTEE ADDRESS
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D SUPPORT	OFFICE SOUGHT OR HELD	OFFICE SOL	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	SIAIE ZIP CODE	COMMITTEE NAME
D SUPPORT	OFFICE SOUGHT OR HELD	OFFICE SOL	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		(S)	COMMITTEE ADDRESS
List names of rmed.	ommittee is primarily for	eholder Cus committee i	idate/Offic	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
	-				I.D. NUMBER		COMMITTEE NAME
D. IF ANY	DISTRICT NO. IF ANY			OFFICE SOUGHT OR HELD	tement: List any committees or are primarily formed to receive adidacy.	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committee not included in this state contributions or make ex
		ROPONENT	DIDATE, OR PR	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
lling officeholder, candidate, or state measure proponent, if any	itate measure	ndidate, or s	ceholder, can	identify the controlling offic	ET) CITY STATE ZIP	STRE	RESIDENTIAL/BUSINESS ADDI
SUPPORT OPPOSE		NC	JURISDICTION	BALLOT NO. OR LETTER	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Supervisor, Imperial County, Dist. 3	OFFICE SOUGHT OR HELD (INCLUDE LOCATIO Supervisor, Imperial County, Dist. 3
				NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE Michael W. Kelley
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Campaign Disclosure Statement Summary Page

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

Statement covers period

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		from	1/1/11	FORM	6
SEE INSTRUCTIONS ON REVERSE		through.	6/30/11	Page 3 of	4
NAME OF FILER Michael W. Kelley				1.D. NUMBER 1303602	
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	nary for Candid State Primary :	lates and
1. Monetary Contributions			20. Contributions Received \$ 21. Expenditures Made \$	1/1 through 6/30 7/1 s	7/1 to Date
s Made	\$ 125.	\$	Expenditure Limit Summary for State Candidates	ummary for Sta	te
8. SUBTOTAL CASH PAYMENTS	\$ 125.	Б	22. Cumulative (If Subject to V	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Election Total to D	s Made* reLimit) Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE	\$ 125.	\$	(manage)	\$	
Current Cash Statement 12. Beginning Cash Balance	\$ 1184.90	To calculate Column B add		↔	
creases to Cash	- -	amounts in Column A to the corresponding amounts	*Amounts in this section may be different from amounts	ay be different from a	mounts
Colur	125.	report. Some amounts in Column A may be negative	reported in Column 5.		
16. ENDING CASH BALANCE	500000	subtracted from previous period amounts. If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ -0-	for this calendar year, only carry over the amounts			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	-0-	from Lines 2, 7, and 9 (if any).			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	-0-		FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	FPPC Form 460 (January/05) 866/ASK-FPPC (866/275-3772)	(January/05) 36/275-3772)

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Michael W. Kelley

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

	Statement	Statement covers period 1/1/11 bm 6/30/11	CALIFORNIA FORM	460
-	through	6/30/11	Page of 4	#

DES: If one of the following codes accurately describes the pactor of the following codes accurately described the following codes accurately	nu may enter the	code. Otherwise, describe the payment. RAD radio airlime and production costs	
campaign consultants Contribution (explain nonmonetary)* Civic donations Candidate filing/ballot fees fundraising events Independent expenditure supporting/opposing others (explain)* PRO Campaign literature and mailings M G OFC PET Candidate filing/ballot fees FRO Campaign literature and mailings	meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	RFD SAL TRC TRS TRS TSR VOT WEB	ls me candidate/sponsor e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
El Centro Downtown Association City of El Centro	CVC	**	75.
American Citizen Club 110 Magnolia, Brawley, Ca	cvc		50.
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	arized on Schedule	e D. SUBTOTAL\$	125.
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)		69	-0-
2. Unitemized payments made this period of under \$100		⇔	125.
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	1, Column (e).)		-0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A,	he Summary Page	e, Column A, Line 6.) TOTAL \$	125.

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AGE

e Measure Propopera	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Date	Executed on
Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State	By	Date	Executed on
under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 1-24-12 Executed on 1-24-12 By Signature of Controlling Officeholder, Candidate, State Measury Proponent or Responsible Officer of Sponsor	d correct. Consumer of Controlling Officeholder, Candidate, State Measury Proponent or Responsible Officer of Sponsor	Executed on 1-24-12 ler the laws of the State of California 34-12 Date Date	Executed on	
	OPTIONAL: FAX / E-MAIL ADDRESS		DREW	4. Verification
STATE ZIP CODE AREA CODE/PHONE	CITY	ODE AREA CODE/PHONE	STATE ZIP CODE	СІТҮ
	MAILING ADDRESS		9	MAILING ADDRESS (IF DIFFEI
R, IF ANY	NAME OF ASSISTANT TREASURER, IF ANY	ODE AREA CODE/PHONE 1 760-355-2385	STATE ZIP CODE Ca 92251	CITY mperial
E ZIP CODE	CITY		BOX)	STREET ADDRESS (NO P.O. BOX)
	MAILING ADDRESS 2715 La Brucherie Rd.			
	Judy A. Kelley	83	COMMITTEE NAME OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Michael W. Kelley	COMMITTEE NAME OR CANDIDATE'S NAME IF NO Committee to Elect Michael W. Kelley
	Treasurer(s)	13.03602		3. Committee Information
ation)	2. Type of Statement: Preelection Statement Preelection Statement Precipitation Statement Precipitation Statement Premination Statement Premination Premina	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	nittoes - C	1. Type of Recipient Committee: All Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Election Committee Officeholder Part 5) General Purpose Committee Officeholder Party/Central Committee Officeholder Party/Central Committee
RECEIVED BY 110		through 12/31/11	m	SEE INSTRUCTIONS ON REVERSE
JAN 24 2012 Page of 8	Date of election if applicable: (Month, Day, Year)	Statement covers period 7/1/11	*200-042 10:3)	(G. O. P. P. C.
IFORNIA 4	nr.	Type or print in ink.	nt	Recipient Committee Campaign Statement Cover Page

Type or print in ink.

CALIFORNIA 460
FORM 2 of 8

	Attach continuation sheets if necessary	h continuatio	Attach	ODE AREA CODE/PHONE	STATE ZIP CODE	СПҮ
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE? OX)	STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	I.V. INVESTIGATION		COMMITTER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	lidate/Officator which this	7. Primarily Formed Candi officeholder(s) or candidate(s)	CONTROLLED COMMITTEE?		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	atement: List any committees or are primarily formed to receive adidacy.	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committee not included in this state contributions or make e
oponent, if any.	Iling officeholder, candidate, or state measure proponent, if any. DER, CANDIDATE, OR PROPONENT	DIDATE, OR PRO	Identify the controlling officeholder, candidate, NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	EED, CITY STATE ZIP Imperial, Ca 92251	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI 2715 La Brucherie Rd Imperia	RESIDENTIAL/BUSINESS ADD 2715 La Brucherie Rd
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	OT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Supervisor, Imperial County, Dist. 3	OFFICE SOUGHT OR HELD (INCLUDE LOCATION Supervisor, Imperial County, Dist. 3
			NAME OF BALLOT MEASURE		R OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE Michael W. Kelley
	Committee	t Measure	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Car

Summary **Campaign Disclosure Statement**

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		6 \$	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	69	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
	for this calendar year, only carry over the amounts	2 \$	17. LOAN GUARANTEES RECEIVED Schedule B, Part
	subtracted from previous period amounts. If this is	• 	If this is a termination statement, Line 16 must be zero.
	report. Some amounts in Column A may be negative floures that should be	\$6,207.9%	15. Cash Payments Column A, Line 8 above
*Amounts in this section may be different from amounts reported in Column B.	corresponding amounts from Column B of your last		Miscellaneous Increases to Cash
	To calculate Column B, add amounts in Column A to the	6,397.97	
\$			Current Cash Statement
\$	↔	0 \$1,249.91	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
Date of Election Total to Date (mm/dd/yy)		-0-	Accrued Expenses (Unpaid Bills)Schedule F. Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$	\$ 1,249	Loans Made Schedule H, Line 3 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
Expenditure Limit Summary for State Candidates	\$	\$ 1,249	Expenditures Made 6. Payments Made Schedule E, Line 4
21. Expenditures \$ \$	€6	\$ \$6,397	4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4
20. Contributions Received \$\$	\$	\$6,397.97	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date		0 1	1. Monetary Contributions Schedule A. Line 3 2. Loans Received Schedule B. Line 3
General Elections		,	
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B	Column A	Contributions Received
1303602			Michael W. Kelley
I.D. NUMBER			NAME OF FILER
12/31/11 Page 3 of 8	through _		SEE INSTRUCTIONS ON REVERSE
	fro	to whole dollars.	Summary Page
Statement covers period CALIFORNIA		Type or print in ink. Amounts may be rounded	Campaign Disclosure Statement

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Michael W. Kelley

				Amounts may be rounded	Type or print in ink.
		through 12/31/11	from 7/1/11	Statement covers period	
1303602	I.D. NUMBER	Page 4 of 8	FORM 46U	CALIFORNIA	SCHEDULE A (CONT.)

		11/30/11	11/29/11	11/28/11	11/25/11	11/23/11	DATE RECEIVED
		Rusty Jordan 3104 Q West, Hwy 86 Brawley, Ca. 92227	Five Crowns, Inc. 551 West Main St. #2 Brawley, Ca. 92227	Andrew S. Krutzsch 104 W. I St. Brawley, Ca. 92227	Currier & Sons 625 W. Carter Rd. Brawley, Ca. 92227	James H. McNeał 414 W. Elm Ave. Burbank, Ca. 91506	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	.00	Dind COM DOTH SCC	DD DD DD SCC	ØIND □COM □PTY □SCC	DIND SCC	DIND COM DOTH SCC	CONTRIBUTOR CODE *
000.0	SIBTOTAL	Farmer	Packers/Shippers	Attorney	Farmer	Schaefer Ambulance	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
	\$3 150	\$250.	\$250.	\$150.	\$1,000	\$500.	AMOUNT RECEIVED THIS PERIOD
Section and Park Section Section							CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
							PER ELECTION TO DATE (IF REQUIRED)

*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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

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

from.

Statement covers period

7/1/11

FORM 460

SCHEDULE A (CONT.)

through

12/31/11

Page

9

90

I.D. NUMBER

		\$800.	\$UBTOTAL			
		\$100.	Appraiser	□ COM □ COM □ PTY □ SCC	Myron Fortin 4345 Loveland Brawley, Ca. 92227	12/9/11
		\$100.	So. Ca. Gas Co.	ØIND □COM □OTH □PTY □SCC	Joe Montenegro 2230 Desert Gardens El Centro, Ca. 92243	12/5/11
		\$100.	Retired	ZIND COM DOTH SCC	Ed McGrew 1755 Meloland Rd. Holtville, Ca. 92250	12/5/11
		\$250.	Director SDG&E	ZIND COM OTH PTY SCC	Laura McDonald 221 Vista Grand Gln. Escondido, Ca. 92025	12/2/11
		\$250.	Real Estate Broker	DIND COM PTY SCC	Smith Kandal Real Estate 510 West Main St. Brawley, Ca. 92227	11/30/11
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEL ALSO ENTER ID. NUMBER)	DATE RECEIVED
02	1303602				Kelley	Michael W. Kelley

*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

Schedule A (Continuation Sheet) **Monetary Cont**

NAME OF FILER

Type or print in ink.

chequie A (Continuation Sheet)	Type or print in ink.		SCHEDULE A (CONT.)
nonetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
		from//1/31	FORM
		through 12/31/11	Page 6 of 8
AMEOFFILER			I.D. NUMBER
Michael W. Kelley			1303602

		\$2,450.	SUBTOTAL\$			
		\$1,000.		DOTH SCC	Granite Const. Co. P. O. Box 50085 Watsonville, Ca. 95077	12/15/11
		\$100.	Imperial Vegetable Seeds	DOTH SCC	Barry Case 1101 McCullom El Centro, Ca. 92243	12/14/11
		\$250.	Public Affairs Capitol Strategies Gp	DOTH SCC	L. F. Schott 14298 Bourgeois Way San Diego, Ca.	12/9/11
		\$100.	Broker	□ COM □ COM □ PTY □ SCC	David Ross 2725 La Brucherie Rd. Imperial, Ca. 92251	12/8/11
		\$1,000.	President	□ IND □ COM □ PTY □ SCC	Burrtec Waste Industries, Inc. Cole Burr, Pres. 9890 Cherry Ave., Fontana, Ca. 92335	12/8/11
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	DATE

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee *Contributor Codes

Monetary Contributions Received Schedule A

NAME OF FILER

Michael W. Kelley

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

	through12/31/11	Statement covers period 7/1/11	
1.D. NUMBER 1303602	Page	CALIFORNIA 460	SCHEDULE A

				12/20/11	12/16/11	DATE RECEIVED
				John Pierre Menvielle 897 West Ross Rd. El Centro, Ca. 92243	Leon Layaye P. O. Box 506 Calipatria, Ca. 92233	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	OSCC	DOTH SCC	DIND DCOM DTY SCC	DSCC □ SCC	©ind □com □oth □Pty □scc	CONTRIBUTOR CODE *
\$ SUBTOTAL				IID Director	Farmer	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
\$400.				\$100.	\$300.	AMOUNT RECEIVED THIS PERIOD
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TODATE (IF REQUIRED)

Schedule A Summary

IND-Individual
COM-Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY-Political Party
SCC-Small Contributor Committee *Contributor Codes

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

6,397.97

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Michael W. Kelley

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

from

through

Statement covers period 7/1/11 12/31/11 CALIFORNIA FORM Page _S_ of S I.D. NUMBER 460

SCHEDULEE

1303602

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 4. Total navments made this period. (Add Lines 1-2, and 3. Enter here and on the Summary Page, Column A	1. Itemized payments made this period. (Include all Schedule E subtotals.)	Schedule E Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D		Imperial Printers 430 Main St. El Centro, Ca. 92243	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwork campaign paraphemalia/misc. CMP campaign paraphemalia/misc. CNS campaign consultants CNS campaign consultants COTE civic donations CVC civic donations FIL candidate filing/ballot fees FIL petition circulating FIL phone banks FIL polling and survey research FIL print ads
l, Column (arized on S		PRT	CODE (u may ent munications d appearance ses ating urvey resear very and me-
(e).)\$	G9 G9		chedule D. SUBTOTAL\$		Printed letters, envelopes and cards	OR DESCRIPTION OF PAYMENT	yment, you may enter the code. Otherwise, describe the payment. RAD radio airlime and production costs meetings and appearances office expenses petition circulating phone banks polling and survey research professional services (legai, accounting) Print ads RAD radio airlime and production costs returned contributions RAED returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)
1,249	\$264.00				\$98	AMOUNT PAID	osts als same candidate/sp et, e-mail)
.9 0	18 5		\$985.91		\$985.91	Q.	onsor

SEE INSTRUCTIONS ON REVERSE Cover Page Campaign Statement Recipient Committee (Government Code Sections 84200-84216.5) Committee Information Officeholder, Candidate Controlled Committee Verification Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. under penalty of perjury under the laws of the State of California that the foregoing is true and correct, t 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 STREET ADDRESS (NO P.O. BOX) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 2715 La Brucherie Rd. imperial Committee to Re-Elect Michael Kelley, Supervisor Dist. 3, 2012 General Purpose Committee Small Contributor Committee
 Political Party/Central Committee (Also Complete Part 5) State Candidate Election Committee
 Recall Executed on 3 Executed on Sponsored アーでの STATE STATE င္ပရ 92251 ZIP CODE ZIP CODE ☐ Primarily Formed Ballot Measure I.D. NUMBER Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 6) Sponsored O Controlled Committee through Statement covers period 760-355-2385 AREA CODE/PHONE AREA CODE/PHONE ā â 3/17/12 Type or print in ink. 1/1/12 Signature of Controlling Officeholder, Cardidate, State Measure Proponen Signature of Controlling Officeholder, Candidate, State Measure Proponen Date of election if applicable 1912 MAR 27 PM (Month, Day, Year) 6-5-12 Judy A. Kelley OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS NAME OF TREASURER Treasurer(s) Imperial 2715 La Brucherie Rd Type of Statement: Amendment (Explain below) Semi-annual Statement Termination Statement Preelection Statement (Also file a Form 410 Termination) mperial County P Received Date Stamp Sible Officer of Sponsor STATE STATE င္ပ |: 4¢ Page_ 92251 Supplemental Preelection
Statement - Attach Form 495 ZIP CODE ZIP CODE Quarterly Statement Special Odd-Year Report CALIFORNIA FORM For Official Use Only 760-355-2385 AREA CODE/PHONE AREA CODE/PHONE <u>°</u> COVER PAGE

	heets if necessary	Attach continuation sheets if necessary	ODE AREA CODE/PHONE	STATE ZIP CODE	OITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE OF	CONTROLLED COMMITTEE?	STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE OF	LU. NOMOGEN		COMINIT I EE NAIME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE OI	DDE AREA CODE/PHONE	STATE ZIP CODE	CITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE OF		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of t.	older Committee List mmittee is primarily formed	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
	•		I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	tement: List any committees r are primarily formed to receive didacy.	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committ not included in this st contributions or make
	XENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Ca 92251	e Rd. Imperial	2715 La Brucherie Rd
ponent. If any,	lling officeholder, candidate, or state measure proponent, if any,	Identify the controlling officeholder candid	TY STATE ZIP	RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY	RESIDENTIAL/BUSINESS
SUPPORT OPPOSE		BALLOT NO. OR LETTER JURISDICTION	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Supervisor, Imperial County, District 3	OFFICE SOUGHT OR HE Supervisor, Imper
				1	Michael W. Kelley
		NAME OF BALLOT MEASURE		ER OR CANDIDATE	
	mmittee	6. Primarily Formed Ballot Measure Committee	ttee	Officeholder or Candidate Controlled Committee	5. Officeholder or C

Campaign Disclosure Statement Summary Page

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		-0-	19. Outstanding Debts
	from Lines 2, 7, and 9 (if any).	and Outstanding Debts See instructions on reverse \$	Cash Equivalents 18. Cash Equivalents
	for this calendar year, only carry over the amounts	S RECEIVED Schedule B, Part 2 \$0-	17. LOAN GUARANTEES RECEIVED
	subtracted from previous period amounts. If this is	statement, Line 16 must be zero.	If this is a termination statement, Line 16
	Column A may be negative figures that should be	Add Lines 12 + 13 + 14, then subtract Line 15 \$	16. ENDING CASH BALANCE
*Amounts in this section may be different from amounts reported in Column B.	from Column B of your last report. Some amounts in		14. Miscellaneous Increases to Cash
	To calculate Column B, add amounts in Column A to the	ance	12. Beginning Cash Balance 13. Cash Receipts
\$		Statement	Current Cash St
\$	\$	RES MADE Add Lines 8 + 9 + 10 \$ 1,023.	11. TOTAL EXPENDITURES MADE
(mm/dd/yy)		Schedule C, Line 3	10. Nonmonetary Adjustment
Date of Election Total to Date		Unpaid Bills)Schedule F, Line 3	
22. Cumulative Expenditures Made* (#Subject to Voluntary Expenditure Limit)	\$		8. SUBTOTAL CASH PAYMENTS
Candidates			
Expenditure Limit Summary for State		de	Expenditures Made
Made \$\$	φ	VED	
		Schodule C, Line 3	
ons		Add lines 1+2 \$ \$1,1	3 SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date			
General Elections			
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD TOT	Contributions Received
1303602			Michael W. Kelley
I.D. NUMBER			NAME OF FILER
3/17/12 Page 3 of 7	through _	ERSE	SEE INSTRUCTIONS ON REVERSE
1/1/12 FORM 400	from		
Statement covers period CALIFORNIA		Amounts may be rounded to whole dollars.	Summary Page
SUMMARY PAGE		Campainn Disclosure Statement Type or print in ink.	Campaign Disc

Monetary Schedule A (Continuation Sheet)

NAME OF FILER

Type or print in ink.

chequie A (Continuation Sheet)	Type or print in ink.		SCHEDULE A (CONT.)
fonetary Contributions Received	Amounts may be rounded	Statement covers period	CALIFORNIA
	to whole collets.	from 1/1/12	FORM 40U
		through 3/17/12	Page 4 of 7
AME OF FILER			I.D. NUMBER
Michael W. Kelley			1303602

[]SCC
ZIND Retired Farmer
ZIND Retired □COM Retired □PTY □SCC
☑IND □COM Agricultural Businessman □OTH □PTY □SCC
☑IND □COM □OTH □PTY □SCC
☑NUD Doctor □COM Doctor □PTY □SCC
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER OCCUPATION AND EMPLOYER NAME (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)

*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

Type or print in ink.
Amounts may be rounded

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTIONS ON REVERSE	8	2000	from	3/17/12	FORM 40U
NAME OF FILER	S CM DEVELORE					
Michael W. Kelley	Kelley					1.D. NUMBER 1303602
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ASCENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION R TO DATE (IF REQUIRED)
2/10/12	Steve Honse 825 W. Main Street El Centro, Ca. 92243	□ ND □ COM □ PTY □ SCC	Law Office of Henderson and Honse	\$250.		
3/5/12	James Semmes 299 S. Sunset Dr. El Centro, Ca. 92243	OSCC OSCC	Directpr of Social Services	\$100.		
	i p					
		DOTH NO				
		OSCC PTY H MO			:	
			SUBTOTAL\$	\$350.		

\$1,149.

\$1,050. 99.00

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

*Contributor Codes

3. Total monetary contributions received this period.

Schedule A Summary

Amount received this period – itemized monetary contributions.

2. Amount received this period – unitemized monetary contributions of less than \$100 \$

(Include all Schedule A subtotals.) \$

Payments Made Schedule E (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Michael W. Kelley

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

from. Statement covers period

through 1/1/12 3/17/12

> CALIFORNIA 460 SCHEDULE E (CONT.)

1303602 Page 6 I.D. NUMBER 9.

| member communications meetings and appearances office expenses polition circulating phone banks politing and survey research professional services (legal, accounting) CODE OR DESCRIPTION OF PAYMENT CVC Blue Angels Golf Tournament Sponsorship CVC Program Sponsorship Candidates' Statement FIL Candidates' Statement CODE OR DESCRIPTION OF PAYMENT CAP campaign paraphernalial/misc. CHS campaign consultants CCIB contribution (explain nonmonetary)* CVC civic donations FIL candidate fling/ballot fees FIL candidate fling/ballot fees FIL principal defense FIL candidate fling/ballot fees FIL candidate fling/ballot flees FIL candidate fling/ballot fling FIL candidate fling/ |
|---|--|
| t, e-m | Program Sponsorship Program Statement Candidates' Statement |

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Michael W. Kelley

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

through Statement covers period 1/1/12 3/17/12 Page 7 CALIFORNIA 460 1303602 I.D. NUMBER of | SCHEDULEE

from _

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * Code Corrections of Independent expenditures must also be summarized on Schedule D. * Consideration of Schedule E Summary 1. Itemized payments made this period of under \$100
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, ,		te Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	By By		Executed on
tained herein and in the attached schedules is true and complete. I certify opposition treasurer	of Spannar	sin and in the attache	st of my knowledge the information contained herein and in the attached schedid correct. At Many Controlling Officer of Sponeor Spone	statement and to the best of my know the foregoing is true and correct. By Signature of Conti	nd reviewing this e of California that	1. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information confunder penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 5-19-13 Executed on 5-19-13 Executed on 5-19-13 Executed on 5-19-13 By Signiffure of Controlling Officeholder, Candidate, State
AREA CODE/PHONE	ZIP CODE	STATE	CITY OPTIONAL: FAX / E-MAIL ADDRESS	AREA CODE/PHONE	E ZIP CODE	CITY STATE
AREA CODE/PHONE 760-355-2385	ZIP CODE 92251	STATE Ca TREASURER, IF ANY	CITY Imperial NAME OF ASSISTANT TREASURE	AREA CODE/PHONE 760-355-2385	E ZIP CODE 92251	STREET ADDRESS (NO P.O. BOX) 2715 La Brucherie Rd. STATE ZIP CODE Imperial Ca 92251 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
			Treasurer(s) NAME OF TREASURER Judy Kelley MAILING ADDRESS 2715 La Brucherie Rd.	MBER 1602 Istrict 3	1.D. NUMBER 1303602 COMMITTEE) Supervisor Distric	3. Committee Information 1303602 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Re-Elect Michael Kelley, Supervisor District 3
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	☐ Quarterly☐ Special O☐ Suppleme	ation)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Asso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Asso Complete Part 7)	e Primarily Facomplete Pace Committee Committee Control Sponss (Also Complete Officeholde (Also Complete (Also Complete)	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [2] Officeholder, Candidate Controlled Committee
Page 1 of 3 For Official Use Only		MAY 21 2012 RECEIVED BY:	Date of election if applicable: (Month, Day, Year)	Statement covers period 3/18/12 from	from	(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460		FILED REGISTRATE OF VOTE	л к .	Type or print in ink.		Recipient Committee Campaign Statement

	Attach continuation sheets if necessary	continuation sh	Attach	CODE AREA CODE/PHONE	STATE ZIP CODE	СІТУ
[iox)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE			
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	ID NIMBER	SIATE ZIP CODE	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		(Ñ	COMMITTEE ADDRESS
st names of ed.	I Candidate/Officeholder Committee List names of slidate(s) for which this committee is primarily formed.	date/Officeho	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
IF ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.	Related Committee: not included in this state contributions or make ex-
	VENT	IDATE, OR PROPO!	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
proponent, if a	ite, or state measure p	eholder, candida	identify the controlling officeholder, candidate, or state measure proponent, if any.	ET) CITY STATE ZIP Imperial, Ca. 92251	RESS (NO. AND STRE	RESIDENTIAL/BUSINESS ADD 2715 La Brucherie Rd
] SUPPORT		JURISDICTION	BALLOT NO, OR LETTER	CT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Supervisor, Imperial County, Dist. 3	OFFICE SOUGHT OR HELD (INCLUDE LOCATION Supervisor, Imperial County, Dist. 3
				isor District 3	Committee to Re-Elect Michael Kelley, Supervisor District 3	Committee to Re-Ele
			NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	nmittee	Ballot Measure Committee	6. Primarily Formed Ballot	nittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Can

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded

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Summary Page	Amounts may be rounded to whole dollars.	Stater	Statement covers period	CALIFORNIA 460
		from	3/10/12	FORW
SEF INSTRUCTIONS ON REVERSE		through .	5/19/12	Page 3 of 5
NAME OF FILER				I.D. NUMBER
Michael W. Kelley				1303602
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate Running in Both the State Primary and General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions Schedule A, Line 3	\$ 1,500. \$		1/1 th	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,500. \$		20. Contributions	en.
Nonmonetary Contributions Sc	-0-		res	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$1,500. \$		Made \$	5
×	\$ 600.		Expenditure Limit Summary for State Candidates	Summary for State
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$ 600.		22. Cumulativ	22. Cumulative Expenditures Made* { Subject to Volumbry Expenditure Limit
9. Accrued Expenses (Unpaid Bills)	- c		Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$600. \$			
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page Line 16	s 6,333.96.			⇔
	1,500.00	amounts in Column A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4	-0- from C	from Column B of your last report. Some amounts in	reported in Column B.	'Amounts in this section may be different from amounts reported in Column B.
	\$ 7,233.96 figures subtra	figures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Pert 2	\$ -0- for this carry	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ from L any).	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ -0-		FDDC Toll-Free Heinlin	EPPC Toll-Free Heinline: 866/ASK-EPPC (866/275,3772)

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Type or print in ink.

SCI	

	•	SUBTOTAL\$			
			SCC SCC		
			ODTH SCC		
			DOTH SCC		
	7		OND		
	\$1,500.	President, Aggregate Products, Inc.	DIND DIOM DPTY SCC	John Corcoran 9500 Beverly Road Pico Rivera, Ca. 90660	4/26/12
CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT CUMULAT RECEIVED THIS CALENC PERIOD (JAN. 1	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	DATE RECEIVED
1303602				/. Kelley	NAME OF FILER Michael W. Kelley
Page	through 5/19/12			INS ON REVERSE	SEE INSTRUCTIONS ON REVERSE
FORM 460	from 3/18/12	to whole dollars.	to v	Monetary Contributions Received	Monetary C

Schedule A Summary

Ы	:	<u>-</u>
2. Amount received this period – unitemized monetary contributions of less than \$100\$	(Include all Schedule A subtotals.)	 Amount received this period – itemized monetary contributions.

3. Total monetary contributions received this period.

\$1,500.

COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee IND – Individual "Contributor Codes

\$1,500.

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period 3/18/12

from

through

CALIFORNIA **460**/18/12 FORM FORM 5

5/19/12 Page 5 of 5

CHEDULEE

NAME OF FILER Michael W. Kelley 1303602

크변호를 FSBSS CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 2562 Oasis Street Imperial, Ca. 92251 P. O. Box 555 Imperial Little League Imperial, Ca. 92251 Jaime Obeso, Sr. Memorial Fundraiser contribution (explain nonmonetary)* campaign paraphemalia/misc. civic donations campaign consultants campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain) candidate filing/ballot fees fundraising events (IF COMMITTEE, ALSO ENTER LD. NUMBER! PF 필요조 office expenses meetings and appearances polling and survey research phone banks petition circulating member communications professional services (legal, accounting) postage, delivery and messenger services CODE CVC 000 유 2 Field signs for Minor and Major Little League Fields Fundraiser for fallen Cal Trans Worker DESCRIPTION OF PAYMENT SA B RA 헕쫄얼트 radio airtime and production costs information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travet, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions voter registration AMOUNT PAID \$400. \$200

Schedule E Summary

* Payments that are contributions or independent expenditures must also be summarized on Schedule

Ö

SUBTOTAL\$

\$600.

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)
- 2. Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e)......
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$

\$600.

\$600

EBBC Form 460 (Innum/05)		ate Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву		Executed on
		ate Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву		Executed on
	Sponsor	ingasurer Computer Committee Cificar of S	Signayure of Treasurer of Asistam Treasurer Signayure of Treasurer of Asistam Treasurer Signayure of Treasurer Proposes of Responsible Officer of Sponsor Granut Burger Cardidate, State Measure Proposes of Responsible Officer of Sponsor	By Signature of Con		Executed on 7-10-12 Executed on 7-10-12 Date
ue and complete. I certify	schedules is tri	ein and in the attached s	wledge the information contained her	atement and to the best of my kno he foregoing is true and correct.	nd reviewing this st of California that t	4. Verification Thave 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.
		ESS	OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS
AREA CODE/PHONE	ZIP CODE	STATE	CITY	AREA CODE/PHONE	ZIP CODE	CITY
			MAILING ADDRESS		T OR P.O. BOX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET
	:	RER, IF ANY	NAME OF ASSISTANT TREASURER, IF ANY	AREA CODE/PHONE 760-355-2385	ZIP CODE 92251	CITY STATE Imperial Ca
760-355-2385	21P CODE 92251	Ca	Imperial			STREET ADDRESS (NO P.O. BOX) 2715 La Brucherie Rd.
			2715 La Brucherie Rd.			
			Judy Kelley	strict 3	Supervisor Dis	Committee to Re-Elect Michael Kelley, Supervisor District 3
			NAME OF TREASURER		OMMITTEE)	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
			Treasurer(s)	BER 02	1,D. NUMBER 1303602	3. Committee Information
				Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7)	Primarily Officeho (Also Com	 General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee
Supplementat Preelection Statement - Attach Form 495	Supplement	rmination)	☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	Controlled Sponsored (Also Complete Part 6)	 Controlled Sponsore (Also Complete Pai 	(Also Complete Part 5)
atement -Year Report	Quarterly Statement Special Odd-Year Report	۵۵	☐ Preelection Statement ☑ Semi-annual Statement	Primarily Formed Ballot Measure Committee	Primarily Fricarittee	Officeholder, Candidate Controlled Committee State Candidate Election Committee
	1		2. Type of Statement:	Parts 1, 2, 3, and 4.	nittees - Complete	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4
	ME	RECEIVED BY: 34		ugh 6/30/12	through	SEE INSTRUCTIONS ON REVERSE
or Official U		JUL 1 0 2012	Date of election if applicable: (Month, Day, Year)	Statement covers period 5/20/12	from	4
		REGISTRAR OF VOTERS	30			Cover Page (Government Code Sections 84200-84216.5)
CALIFORNIA 460	CA	Date Stamp	in K	Type or print in ink		Recipient Committee Campaign Statement

Page _

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NAME OF OFFICEHOLDER OR CANDIDATE NAME OF BALLOT MEASURE
Kelley, Supervisor District 3
NAME OF BALLOT MEASURE Kelley, Supervisor District 3 ATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION
NAME OF BALLOT MEASURE BALLOT NO. OR LETTER
NAME OF BALLOT MEASURE BALLOT NO. OR LETTER JURISDICTION C
pervisor District 3 STRICT NUMBER IF APPLICABLE) CITY STATE ZIP Derial, Ca. 92251
pervisor District 3 STRICT NUMBER IF APPLICABLE) CITY CITY STATE ZIP Derial, Ca. 92251
6 1
Strict 3 SER IF APPLICABLE) STATE ZIP 92251 1t: List any committees rimarily formed to receive
HOLDER OR CANDIDATE Re-Elect Michael Kelley, Supervisor District 3 OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Imperial County, Dist. 3 Imperial County, Dist. 3 Imperial, Ca. 92251 Therie Rd. Imperial, Ca. 92251 Therie Rd Included in this Statement: List any committees his statement that are controlled by you or are primarily formed to receive make expenditures on behalf of your candidacy. I.D. NUMBER
HOLDER OR CANDIDATE NAME OF BALLOT MEASURE NAME OF BALLOT MEASURE NAME OF BALLOT MEASURE PROPERTY STATE ZIP STAT
E OF OFFICEHOLDER OR CANDIDATE mmittee to Re-Elect Michael Kelley, Supervisor District 3 CE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) POENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 15 La Brucherie Rd. imperial, Ca. 92251 ated Committees Not included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive ributions or make expenditures on behalf of your candidacy. MITTEENAME CONTROLLED COMMITTEE? 7. MITTEEADDRESS STREET ADDRESS (NO P.O. BOX)
DER OR CANDIDATE 3-Elect Michael Kelley, Supervisor District 3 HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Srial County, Dist. 3 SS ADDRESS (NO. AND STREET) CITY STATE ZIP rie Rd. Imperial, Ca. 92251 Itbes Not Included in this Statement: List any committees statement that are controlled by you or are primarily formed to receive to expenditures on behalf of your candidacy. CONTROLLED COMMITTEE?
E OF OFFICEHOLDER OR CANDIDATE mmittee to Re-Elect Michael Kelley, Supervisor District 3 CE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) pervisor, Imperial County, Dist. 3 DENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 15 La Brucherie Rd. Imperial, Ca. 92251 ated Committees Not included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive ributions or make expenditures on behalf of your candidacy. MITTEENAME I.D. NUMBER 7. STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE
E OF OFFICEHOLDER OR CANDIDATE mmittee to Re-Elect Michael Kelley, Supervisor District 3 CE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) PERVIAUBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 15 La Brucherie Rd. imperial, Ca. 92251 ated Committees Not included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive ributions or make expenditures on behalf of your candidacy. MITTEENAME CONTROLLED COMMITTEE? NO
E OF OFFICEHOLDER OR CANDIDATE mmittee to Re-Elect Michael Kelley, Supervisor District 3 CE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) pervisor, Imperial County, Dist. 3 DENTIALBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 15 La Brucherie Rd. imperial, Ca. 92251 15 La Brucherie Rd. imperial, Ca. 92251 16 La Brucherie Rd. imperial, Ca. 92251 17. E OF TREASURER CONTROLLED COMMITTEE? TONTROLLED COMMITTEE? STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE 10. NUMBER CONTROLLED COMMITTEE?
mmittee to Re-Elect Michael Kelley, Supervisor District 3 CE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) PERVISOR, Imperial County, Dist. 3 DENTIALBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 15 La Brucherie Rd. imperial, Ca. 92251 15 La Brucherie Rd. imperial, Ca. 92251 15 La Brucherie Rd. imperial, Ca. 92251 16 La Brucherie Rd. imperial, Ca. 92251 17 CONTROLLED COMMITTEE? 10 CONTROLLED COMMITTEE? 10 CONTROLLED COMMITTEE? 11 CONTROLLED COMMITTEE? 12 CONTROLLED COMMITTEE? 12 CONTROLLED COMMITTEE? 13 CONTROLLED COMMITTEE? 15 CONTROLLED COMMITTEE? 16 CONTROLLED COMMITTEE? 17 CONTROLLED COMMITTEE? 17 CONTROLLED COMMITTEE? 17 CONTROLLED COMMITTEE? 17 CONTROLLED COMMITTEE? 18 CONTROLLED COMMITTEE? 19 CONTROLLED COMMITTEE? 10 CONTROLLED COMMITTEE? 10 CONTROLLED COMMITTEE? 10 CONTROLLED COMMITTEE? 11 CONTROLLED COMMITTEE? 12 CONTROLLED COMMITTEE? 13 CONTROLLED COMMITTEE? 14 CONTROLLED COMMITTEE? 15 CONTROLLED COMMITTEE? 16 CONTROLLED COMMITTEE? 17 CONTROLLED COMMITTEE? 17 CONTROLLED COMMITTEE? 17 CONTROLLED COMMITTEE? 17 CONTROLLED COMMITTEE? 18 CONTROLLED COMMITTEE? 19 CONTROLLED COMMITTEE? 10 CONTROLLED COMMITTEE? 10 CONTROLLED COMMITTEE?
mmittee to Re-Elect Michael Kelley, Supervisor District 3 CE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) DENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 15 La Brucherie Rd. imperial, Ca. 92251 15 La Brucherie Rd. imperial, Ca. 92251 15 La Brucherie Rd. imperial, Ca. 92251 16 La Brucherie Rd. imperial, Ca. 92251 17 Lo Number Zip Committees included in this Statement: List any committees included in this statement that are controlled by your candidacy. 16 La Brucherie Rd. Imperial, Ca. 92251 17 La Brucherie Rd. Imperial, Ca. 92251 18 La Brucherie Rd. Imperial, Ca. 92251 19 CONTROLLED COMMITTEE? 21 CONTROLLED COMMITTEE? 21 CONTROLLED COMMITTEE? 31 La Number Imperial Committee? 4. CONTROLLED COMMITTEE? 4. CONTROLLED COMMITTEE? 51 La ZIP CODE AREA CODE/PHONE

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded

SUMMARY PAGE

Summary Fage to whole dollars.	†ro.	5/20/12	FORM 460
SEE INSTRUCTIONS ON REVERSE	through	6/30/12	Page 3 of 5
NAME OF FILER Michael W. Kelley			1.D. NUMBER 1303602
ontributions Received		Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	nary for Candidates State Primary and
2. Loans Received	198.	20. Contributions Received \$ 21. Expenditures Made \$	1/1 through 6/30 7/1 to Date
Expenditures Made Schedule E, Line 4 \$ 2, Loans Made Schedule H, Line 3	2,500. \$	Expenditure Limit Summary for State Candidates	ummary for State
SUBTOTAL CASH PAYMENTS	2,500. \$	22, Cumulative (#Subject to w Date of Election (mm/dd/yy)	22. Cumulative Expenditures Made* (#Subject to Voluntary Expenditure Limit) of Election Total to Date invidd/yy) \$
Current Cash Statement 7,233.96 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 7,233.96 13. Cash Receipts Column A, Line 3 above 198.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 -0- 15. Cash Payments Column A, Line 8 above 2,500. 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4,931.96 If this is a termination statement, Line 16 must be zero.	233.96 To calculate Column B, add 198.00 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	*Amounts in this section may be different from amounts reported in Column B.	\$y be different from amounts
LOAN GUARANTEES RECEIVED Schedule B, Part 2 ISh Equivalents and Outstanding Debts Cash Equivalents	-0- for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	·	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	¢	FPPC Toll-Free Helpline:	FPPC Toll-Free Heipline: 866/ASK-FPPC (866/275-3772)

Monetary Contributions Received Schedule A

Type or print in ink.
Amounts may be rounded

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SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTIONS ON REVERSE	;;	to whole dollars.	from 5/20/12 through 6/30/12	6/30/12	CALIFORNIA 460 FORM
NAME OF FILER						I.D. NUMBER
DATE	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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	ATE PER ELECTION AR TO DATE 31) (IF REQUIRED)
		DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD				
		DDCOM SCC				
		OCC OCC		:		
		OCC OSCC				
		DOTH SCC		E.		
			\$UBTOTAL\$			

198.

198.

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

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*Contributor Codes

3. Total monetary contributions received this period.

Schedule A Summary

Amount received this period – itemized monetary contributions.

2. Amount received this period – unitemized monetary contributions of less than \$100 \$

(Include all Schedule A subtotals.)\$

90/12

Payments Made Amounts to v	Amounts may be rounded to whole dollars.	Statement covers period C	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		gh 6/30/12	Page S of S
NAME OF FILER			UMBER
Michael W. Kelley			1303602
DES: If one of the following codes accurately describes	the payment, you may enter the code.	Otherwise, de	
plain nonmonetary)* MBR MIGNIFICATION MIGNIFICATION DFC	member communications meetings and appearances office expenses	. • •	S
civic donations PET candidate filing/ballot fees PHO	petition circulating phone banks		on costs als
fundraising events POL independent expenditure supporting/opposing others (explain)* POS legal defense PRO	polling and survey research postage, delivery and messenger services professional services (legal, accounting)	TRS VOT	meats the same candidate/sponsor
try billinger		vvco iniomation technology costs (internet, e-mail)	emer, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Frank Wright Middle School Band Uniform Project 885 North Imperial Avenue Imperial, Ca. 92251	FND	Donation for Band Uniforms and Instruments	\$2,500.
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	ummarized on Schedul	e D. SUBTOTAL\$	TAL\$ \$2,500.
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$2,500.
2. Unitemized payments made this period of under \$100			-0-
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	Part 1, Column (e).)	6	-0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A,	on the Summary Page	Line 6.)	\$2,500.

l		inalure of Controlling Officeholder Candidate Carl	BySid		Executed onDate
l	9 Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent			Cate
	ment of the state		BV		Executed on
I	Measure Proponent of Responsible Officer of Company	Synature of Controlling Officeholder, Cantiddle, State Measure Proponent of	By Signature of Control		Executed on
I		is Pollper	By What		Executed on 1/19/13
is true and complete. I certify	in and in the attached schedules	ledge the information contained here	atement and to the best of my knowled foregoing is true and correct.	and reviewing this si e of California that t	Thave used all reasonable dilige under penalty of perjury under the
	SS	OPTIONAL: FAX / E-MAIL ADDRESS			4 Verification
AREA CODE/PHONE	STATE ZIP CODE	CITY	AREA CODE/PHONE	TE ZIP CODE	CITY
		MAILING ADDRESS		ET OR P.O. BOX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET
.000-2000	İ	SSISTANT	AREA CODE/PHONE 760-355-2385	TE ZIP CODE 1 92251	Imperial Ca
E AREA CODE/PHONE	STATE ZIP CODE	CITY Imperial			2715 La Brucherie Rd.
		2715 La Brucherie Rd.			CTORET ADDRESS (AD 10 DOX)
		NAME OF TREASURER Judy Kelley	2013	pervisor Dist. 3,	Committee to Re-Elect Michael Kelley, Supervisor Dist. 3, 2013
		Treasurer(s)	BER	1.D. NUMBER 1303602	3. Committee Information
			(Also Complete Pert 7)	(Also Cor	O Political Party/Central Committee
			Primarily Formed Candidate/ Officeholder Committee	☐ Primar Officeh	SponsoredSmall Contributor Committee
Statement - Attach Form 495		(אוסט ווופ פ רטוווו 4 וט ופודוווחמונסח) Amendment (Explain below)	(Also Complete Part 6)	(Also Cor	General Purpose Committee
Supplemental Preelection			Sponsored	နှင့် (၂)	(Also Complete Part 5)
Quarterly Statement	Quarter Special	☐ Preelection Statement ☐ Semi-annual Statement	Primarily Formed Ballot Measure Committee		State Candidate Election Committee
	, A.	2. Type of Statement:	e Parts 1, 2, 3, and 4.	nittees - C	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4
	RECEIVED BY: ()		through12/31/13	thr	SEE INSTRUCTIONS ON REVERSE
or Official U	JAN 2 7 2014	(Month, Day, Year)	n 7/1/13	from	
Page 1 of 5	REGISTRAR OF VOIERS	Date of election if applicable:	Statement covers period	\neg	(C.C.)
FORM	FILED				Cover Page (Government Code Sections 84200-84216 5)
CALIFORNIA A CO	Date Stamp	nk.	Type or print in ink		Campaign Statement
COVER PAGE		,			Recipient Committee

CITY		NAME OF TREASURER	COMMITTEE NAME	CITY		COMMITTEE NAME	Related Committees Not Included in this Statemer not included in this statement that are controlled by you or are pocontributions or make expenditures on behalf of your candidacy.		2715 La Brucherie Rd	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Supervisor, Imperial County, Dist. 3	OFFICE SOUGHT OR HELD (INCLUDE LOCA	Committee to Re-Elect Michael Kelley, Supervisor Dist. 3	NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or Candidate Controlled Committee	
STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEES	I.D. NUMBER	STATE ZIP CODE AREA CODE/PHONE	CONTROLLED COMMITTEE?	I.D. NUMBER	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		perial Ca 922	ND STREET) CITY STATE ZIP	1. 3	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	(elley, Supervisor Dist. 3		trolled Committee	
Attach continuatio	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	identify the controlling officeholder, ca			BALLOT NO. OR LETTER JURISDICTION		NAME OF BALLOT MEASURE	6. Primarily Formed Bailot Measure Committee	
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD SUPPORT OPPOSE	Candidate/Officeholder Committee List names of date(s) for which this committee is primarily formed.		DISTRICT NO. IF ANY	ROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.		OPPOSE	ON SUPPORT			Committee	Page 2 of 5

Campaign Disclosure Statement

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		-0-	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	\$ -0-	Cash Equivalents and Outstanding Debts 18. Cash Equivalentssee instructions on reverse
	for this calendar year, only carry over the amounts	\$ -0-	17. LOAN GUARANTEES RECEIVED Schedule 8, Part 2
	figures that should be subtracted from previous period amounts. If this is	\$ 3579.70	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15 If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.		1192.03	13. Casit Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above
\$	To calculate Column B, add	\$ 4771.73	Current Cash Statement 12. Beginning Cash Balance
\$	\$ P	\$ 1,192.03	11. TOTAL EXPENDITURES MADE
Date of Election Total to Date (mm/dd/yy)		-0-	
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	60	\$ 1,192.03	NTSid Bilks)
Expenditure Limit Summary for State Candidates	€	\$ 1,192.03 -0-	Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H Line 3
Made \$\$	49	\$ -0-	5. TOTAL CONTRIBUTIONS RECEIVED
20. Contributions Received \$\$	(1)	-0-	
1/1 through 6/30 7/1 to Date			Loans Received Se
General Elections	*	-0-	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTALTO DATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
1.D. NUMBER 1303602			Michael W. Kelley, Supervisor, Dist. 3
12/31/13 Page 3 of 5	through _		SEE INSTRUCTIONS ON REVERSE
m 7/1/13 CALIFORNIA 460	fro	to whole dollars.	Canillary Fage
SUMMARY PAGE	7	Amounts may be rounded	Commanda Dana