

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 8/1/10
through 12/31/10

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

Date Stamp FILED RECEIVED JAN 27 2011 OFF 9:35	CALIFORNIA FORM 460
Page <u>1</u> of <u>4</u>	For Official Use Only

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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Michael W. Kelley

I.D. NUMBER
1303602

Treasurer(s)

NAME OF TREASURER
Judy A. Kelley

MAILING ADDRESS
2715 La Brucherie Rd.

STREET ADDRESS (NO P.O. BOX)
2715 La Brucherie Rd.

CITY STATE ZIP CODE AREA CODE/PHONE
Imperial Ca 92251 760-355-2385

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 1/27/11
Date

Executed on 1/27/11
Date

Executed on _____
Date

Executed on _____
Date

By Judy A. Kelley
Signature of Treasurer or Assistant Treasurer

By Michael W. Kelley
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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Michael W. Kelley
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Supervisor, Imperial County, Dist. 3
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2715 La Brucherie Rd., Imperial, Ca. 92251

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.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

STATEMENT PERIOD
8/1/10 through 12/31/10

Statement covers period
from 8/1/10 through 12/31/10

Page 3 of 4

I.D. NUMBER
1303602

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

Contributions Received

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 100.	\$ _____
7. Loans Made	Schedule H, Line 3 -0-	_____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 100.	\$ _____
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	_____
10. Nonmonetary Adjustment	Schedule G, Line 3 -0-	_____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 100.	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1,284.90	\$ _____
13. Cash Receipts	Column A, Line 3 above -0-	_____
14. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	_____
15. Cash Payments	Column A, Line 8 above 100.	_____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,184.90	\$ _____

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

17. LOAN GUARANTEES RECEIVED

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-	\$ _____

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

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

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
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

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

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).

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 8/1/10
through 12/31/10

Page 4 of 4

NAME OF FILER
Michael W. Kelley

I.D. NUMBER
1303602

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- M G meetings and appearances
- OFC office expenses
- FET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime 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
- VOI voter registration
- WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ITFA (Imperial Tiger Football Association) 104 Dahlia Lane Imperial, Calif. 92251	CVC			\$100.

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 100.
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).) \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** \$100.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/11
through 6/30/11

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

FILED

Date Stamp
REGISTRAR OF VOTER

JUL 14 2011

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J. P. ...

COVER PAGE

CALIFORNIA
FORUM
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Page 1 of 4
For Official Use Only

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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Michael W. Kelley

I.D. NUMBER
1303602

Treasurer(s)

NAME OF TREASURER
Judy A. Kelley

MAILING ADDRESS
2715 La Brucherie Rd.

CITY Imperial STATE Ca ZIP CODE 92251 AREA CODE/PHONE 760-355-2385

STREET ADDRESS (NO P.O. BOX)
2715 La Brucherie Rd

CITY Imperial STATE Ca ZIP CODE 92251 AREA CODE/PHONE 760-355-2385

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

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 7/5/11 Date
By Judy A. Kelley Signature of Treasurer or Assistant Treasurer

Executed on 7/5/11 Date
By Michael W. Kelley Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Michael W. Kelley
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Supervisor, Imperial County, Dist. 3
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2715 La Brucherie Rd. Imperial, Ca. 92251

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.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
 BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Michael W. Kelley

Statement covers period from 1/1/11 through 6/30/11	CALIFORNIA FORM 460
Page 3 of 4	
I.D. NUMBER 1303602	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ -0-	\$ _____
2. Loans Received	\$ -0-	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	\$ -0-	\$ _____
4. Nonmonetary Contributions	\$ -0-	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	\$ -0-	\$ _____

Expenditures Made

6. Payments Made	\$ 125.	\$ _____
7. Loans Made	\$ -0-	\$ _____
8. SUBTOTAL CASH PAYMENTS	\$ 125.	\$ _____
9. Accrued Expenses (Unpaid Bills)	\$ -0-	\$ _____
10. Nonmonetary Adjustment	\$ -0-	\$ _____
11. TOTAL EXPENDITURES MADE	\$ 125.	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1184.90
13. Cash Receipts	Column A, Line 3 above	\$ -0-
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ -0-
15. Cash Payments	Column A, Line 8 above	\$ 125.
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1059.90

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ -0-
18. Cash Equivalents	See instructions on reverse	\$ -0-
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ -0-

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

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

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
\$ _____	/ /	\$ _____
\$ _____	/ /	\$ _____

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

**Schedule E
Payments Made**

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

Statement covers period
from 1/1/11
through 6/30/11

CALIFORNIA
FORM
460

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Michael W. Kelley

Page 4 of 4
I.D. NUMBER
1303602

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

- CAP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- M G meetings and appearances
- OFC office expenses
- PEI petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EI Centro Downtown Association City of EI Centro	CVC			75.
American Citizen Club 110 Magnolia, Brawley, Ca	CVC			50.
SUBTOTAL \$				125.

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ -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).) \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 125.**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/11
through 12/31/11

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

Date Stamp
FILED
REGISTRAR OF VOTES
JAN 24 2012
RECEIVED BY: *SPD*

CALIFORNIA
FORM
460

Page 1 of 2
For Official Use Only

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 Candidate/Officeholder Committee (Also Complete Part 6)
- Primarily Formed Ballot Measure 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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Michael W. Kelley

I.D. NUMBER
1303602

Treasurer(s)

NAME OF TREASURER
Judy A. Kelley

STREET ADDRESS (NO P.O. BOX)
2715 La Brucherie Rd.

MAILING ADDRESS
2715 La Brucherie Rd.

CITY Imperial STATE Ca ZIP CODE 92251 AREA CODE/PHONE 760-355-2385

CITY Imperial STATE Ca ZIP CODE 92251 AREA CODE/PHONE 760-355-2385

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

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 1-24-12 Date

By Judy A. Kelley Signature of Treasurer or Assistant Treasurer

Executed on 1-24-12 Date

By Michael W. Kelley Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Michael W. Kelley

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Supervisor, Imperial County, Dist. 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2715 La Brucherie Rd Imperial, Ca 92251

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.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

Statement covers period
from 7/1/11
through 12/31/11

Page 3 of 8

**CALIFORNIA
FORM
460**

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

Michael W. Kelley

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 66,397.97	\$
2. Loans Received	Schedule B, Line 3 -0-	\$
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 66,397.97	\$
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	\$
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 66,397.97	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1,249.91	\$
7. Loans Made	Schedule H, Line 3 -0-	\$
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1,249.91	\$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	\$
10. Nonmonetary Adjustment	Schedule G, Line 3 -0-	\$
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1,249.91	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1,059.90	\$
13. Cash Receipts	Column A, Line 3 above 6,397.97	\$
14. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	\$
15. Cash Payments	Column A, Line 8 above 1,249.91	\$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 6,207.97	\$

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-

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).

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

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

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(if Subject to Voluntary Expenditure Limit)
Date of Election Total to Date
(mm/dd/yy) \$ \$

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from 7/1/11
through 12/31/11

CALIFORNIA
FORM
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Page 4 of 8

NAME OF FILER

Michael W. Kelley

I.D. NUMBER

1303602

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
11/23/11	James H. McNeal 414 W. Elm Ave. Burbank, Ca. 91506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Schaefer Ambulance	\$500.		
11/25/11	Currier & Sons 625 W. Carter Rd. Brawley, Ca. 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer	\$1,000		
11/28/11	Andrew S. Krutzsch 104 W. I St. Brawley, Ca. 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	\$150.		
11/29/11	Five Crowns, Inc. 551 West Main St. #2 Brawley, Ca. 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Packers/Shippers	\$250.		
11/30/11	Rusty Jordan 3104 Q West, Hwy 86 Brawley, Ca. 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer	\$250.		
SUBTOTAL \$				\$2,150.		

*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 Contributions Received

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

Statement covers period
from 7/1/11
through 12/31/11

Page 5 of 8

SCHEDULE A (CONT)

**CALLIFORNIA
FORM 460**

NAME OF FILER: **Michael W. Kelley** I.D. NUMBER: **1303602**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
11/30/11	Smith Kandal Real Estate 510 West Main St. Brawley, Ca. 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker	\$250.		
12/2/11	Laura McDonald 221 Vista Grand Gln. Escondido, Ca. 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director SDG&E	\$250.		
12/5/11	Ed McGrew 1755 Meloland Rd. Holtville, Ca. 92250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.		
12/5/11	Joe Montenegro 2230 Desert Gardens El Centro, Ca. 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	So. Ca. Gas Co.	\$100.		
12/9/11	Myron Fortin 4345 Loveland Brawley, Ca. 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Appraiser	\$100.		
SUBTOTAL \$				\$800.		

*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 Contributions Received

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

Statement covers period
from 7/1/11
through 12/31/11

CALIFORNIA
FORM **460**
Page 6 of 8

SCHEDULE A (CONT.)

NAME OF FILER
Michael W. Kelley

I.D. NUMBER
1303602

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

*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
Monetary Contributions Received**

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

Statement covers period
from 7/1/11
through 12/31/11

Page 17 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

I.D. NUMBER
1303602

DATE RECEIVED	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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/11	Leon Layave P. O. Box 506 Calipatria, Ca. 92233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer	\$300.		
12/20/11	John Pierre Menvielle 897 West Ross Rd. El Centro, Ca. 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IID Director	\$100.		
				SUBTOTAL \$	\$400.	

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5,800.
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 597.97
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6,397.97

*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 E
Payments Made**

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

Statement covers period
from 7/1/11
through 12/31/11
Page 2 of 2

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

I.D. NUMBER
1303602

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	M G	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	FET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/ballot fees	FHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOI	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Imperial Printers 430 Main St. EI Centro, Ca. 92243	PRT		Printed letters, envelopes and cards	\$985.91

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 985.91**

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 985.91
- Unitemized payments made this period of under \$100 \$ 264.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1,249.91**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1/1/12</u> through <u>3/17/12</u>	Date of election if applicable: (Month, Day, Year) <u>6-5-12</u>	Date Stamp <u>2012 MAR 27 PM 1:40</u>	CALIFORNIA FORM 460 For Official Use Only
	Received <u>GH</u> <u>15:05</u> Imperial County	Page <u>1</u> of <u>7</u>	

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)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-Elect Michael Kelley, Supervisor Dist. 3, 2012

I.D. NUMBER _____

STREET ADDRESS (NO P.O. BOX)
2715 La Brucherie Rd.

CITY Imperial STATE Ca ZIP CODE 92251 AREA CODE/PHONE 760-355-2385

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
Judy A. Kelley

MAILING ADDRESS
2715 La Brucherie Rd.

CITY Imperial STATE Ca ZIP CODE 92251 AREA CODE/PHONE 760-355-2385

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 3-22-12 Date _____

Executed on 3-22-12 Date _____

Executed on _____ Date _____

By Free Del Q. Steere Signature of Treasurer or Assistant Treasurer

By Michael W. Kelley Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Michael W. Kelley
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Supervisor, Imperial County, District 3
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 2715 La Brucherie Rd. Imperial Ca 92251

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.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
 BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement

Summary Page

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

SUMMARY PAGE

Statement covers period
from 1/1/12 through 3/17/12

CALIFORNIA FORM 460

Page 3 of 7

I.D. NUMBER 1303602

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 1,149.	\$
2. Loans Received	Schedule B, Line 3 -0-	\$
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1,149.	\$
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	\$
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 1,149.	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1,023.	\$
7. Loans Made	Schedule H, Line 3 -0-	\$
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1,023.	\$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	\$
10. Nonmonetary Adjustment	Schedule G, Line 3 -0-	\$
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1,023.	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 6,207.96	
13. Cash Receipts	Column A, Line 3 above 1,149.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	
15. Cash Payments	Column A, Line 8 above 1,023.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 6,333.96	

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-

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).

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

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

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
	/ /	\$
	/ /	\$

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT)

Statement covers period
from 1/1/12
through 3/17/12

CALIFORNIA
FORM **460**

Page 4 of 7

NAME OF FILER
Michael W. Kelley

I.D. NUMBER
1303602

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTERED, NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
1/3/12	Dr. George Malbof 2390 Desert Gardens Dr. El Centro, Ca. 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor	\$100.		
1/11/12	Les Rogers 135 S. Sunset Dr. El Centro, Ca. 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Dealer	\$100.		
1/12/12	Wes Blakely P. O. Box 294 El Centro, Ca. 92244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agricultural Businessman	\$200.		
1/17/12	Betty Jo McNece 2226 Aurora Ct. El Centro, Ca. 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.		
2/4/12	Clem Muller, Jr. 1904 Metts Rd. Holthville, Ca. 92250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Farmer	\$200.		
SUBTOTAL \$				\$700.		

*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 Monetary Contributions Received

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

Statement covers period
from 1/1/12
through 3/17/12

Page 5 of 7

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

I.D. NUMBER
1303602

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
2/10/12	Steve Honse 825 W. Main Street El Centro, Ca. 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Office of Henderson and Honse	\$250.		
3/5/12	James Semmes 299 S. Sunset Dr. El Centro, Ca. 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Social Services	\$100.		
SUBTOTAL \$				\$350.		

Schedule A Summary

- Amount received this period – Itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,050.
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 99.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** \$1,149.

*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 E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>1/1/12</u> through <u>3/17/12</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>7</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

I.D. NUMBER
1303602

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

- | | | |
|--|---|---|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RPD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHD phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| ND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (if COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IV BAMA, Inc. 1101 So. McCullom El Centro Ca. 92243	CVC		Blue Angels Golf Tournament Sponsorship	\$100.
Hidalgo Society P. O. Box 1408 Brawley, Ca. 92227	CVC		Program Sponsorship	\$100.
County of Imperial 940 West Main St. El Centro, Ca. 92243	FIL		Application Fee	\$523.
County of Imperial 940 West Main St. El Centro, Ca. 92243	FIL		Candidates' Statement	\$300.

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

SUBTOTAL \$ **\$1,023.**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period	from 3/18/12 through 5/19/12
-------------------------	------------------------------

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

FILED REGISTER OF VOTE MAY 21 2012 RECEIVED BY:	CALIFORNIA FORM 460
Page 1 of 3	For Official Use Only

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 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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

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

Committee to Re-Elect Michael Kelley, Supervisor District 3

I.D. NUMBER
1303602

Treasurer(s)

NAME OF TREASURER

Judy Kelley

MAILING ADDRESS

2715 La Brucherie Rd.

CITY

Imperial

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
2715 La Brucherie Rd.
CITY STATE ZIP CODE AREA CODE/PHONE
Imperial Ca 92251 760-355-2385

CITY STATE ZIP CODE AREA CODE/PHONE
Imperial Ca 92251 760-355-2385

OPTIONAL: FAX / E-MAIL ADDRESS

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 5-19-12 Date

Executed on 5-19-12 Date

Executed on _____ Date

Executed on _____ Date

By *Judy A. Kelley* Signature of Treasurer/Assistant Treasurer

By *Michael D. Kelley* 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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Committee to Re-Elect Michael Kelley, Supervisor District 3
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Supervisor, Imperial County, Dist. 3
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 2715 La Brucherie Rd. Imperial, Ca. 92251

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.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
 BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
 OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

STATEMENT PERIOD
Statement covers period
from 3/18/12
through 5/19/12

PAGE 3 OF 5

CALIFORNIA FORM **460**

I.D. NUMBER
1303602

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 1,500.	\$ _____
2. Loans Received	Schedule B, Line 3 -0-	_____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1,500.	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	_____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 1,500.	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 600.	\$ _____
7. Loans Made	Schedule H, Line 3 -0-	_____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 600.	\$ _____
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	_____
10. Nonmonetary Adjustment	Schedule G, Line 3 -0-	_____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 600.	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 6,333.96.	\$ _____
13. Cash Receipts	Column A, Line 3 above 1,500.00	_____
14. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	_____
15. Cash Payments	Column A, Line 8 above 600.00	_____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 7,233.96	\$ _____

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ -0-	\$ _____
18. Cash Equivalents	See instructions on reverse \$ -0-	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ -0-	\$ _____

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

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Total to Date
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	\$ _____
_____ / _____ / _____	\$ _____

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

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).

Schedule A Monetary Contributions Received

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

Statement covers period
from 3/18/12
through 5/19/12

Page 4 of 5

CALLIFORNIA 460
FORM

I.D. NUMBER
1303602

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

DATE RECEIVED	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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/26/12	John Corcoran 9500 Beverly Road Pico Rivera, Ca. 90660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Aggregate Products, Inc.	\$1,500.		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,500.
- Amount received this period - unitemized monetary contributions of less than \$100 \$ -0-
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** \$1,500.

*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 E Payments Made

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

STATEMENT OF CONTRIBUTIONS
CALIFORNIA
FORM
460

Statement covers period
from 3/18/12
through 5/19/12

Page 5 of 5
I.D. NUMBER
1303602

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Michael W. Kelley

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

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	M G	meetings and appearances	RPD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	fundraising expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jaime Obeso, Sr. Memorial Fundraiser 2562 Oasis Street Imperial, Ca. 92251	CVC		Fundraiser for fallen Cal Trans Worker	\$200.
Imperial Little League P. O. Box 555 Imperial, Ca. 92251	CVC		2 Field signs for Minor and Major Little League Fields	\$400.
SUBTOTAL \$				\$600.

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 600.
- Unitemized payments made this period of under \$100 \$ -0-
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** \$600.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period from <u>5/20/12</u> through <u>6/30/12</u>		Date of election if applicable: (Month, Day, Year)	REGISTRAR OF VOTERS FILED JUL 10 2012	Date Stamp RECEIVED BY: <i>241</i>
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall (Also Complete Part 5) <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee			2. Type of Statement: <input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below)	

SEE INSTRUCTIONS ON REVERSE

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-Elect Michael Kelley, Supervisor District 3

I.D. NUMBER
1303602

Treasurer(s)

NAME OF TREASURER
Judy Kelley

MAILING ADDRESS
2715 La Brucherie Rd.
Imperial

CITY STATE ZIP CODE AREA CODE/PHONE
Imperial Ca 92251 760-355-2385

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
 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 7-10-12 Date
 Executed on 7-10-12 Date

By Judy A. Kelley Signature of Treasurer
 Signature of Controlling Officer/Candidate, State Measure Proposer/Responsible Officer of Sponsor

By Michael W. Kelley Signature of Controlling Officer/Candidate, State Measure Proposer/Responsible Officer of Sponsor

By _____ Signature of Controlling Officer/Candidate, State Measure Proposer

By _____ Signature of Controlling Officer/Candidate, State Measure Proposer

By _____ Signature of Controlling Officer/Candidate, State Measure Proposer

By _____ Signature of Controlling Officer/Candidate, State Measure Proposer

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Committee to Re-Elect Michael Kelley, Supervisor District 3
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Supervisor, Imperial County, Dist. 3
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 2715 La Brucherie Rd. Imperial, Ca. 92251

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.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
 BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
 OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period
from 5/20/12
through 6/30/12

CALIFORNIA
FORM
460
Page 3 of 5
ID NUMBER
1303602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Michael W. Kelley

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 198.	\$
2. Loans Received	Schedule B, Line 3 -0-	\$
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 198.	\$
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	\$
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 198.	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 2,500.	\$
7. Loans Made	Schedule H, Line 3 -0-	\$
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2,500.	\$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	\$
10. Nonmonetary Adjustment	Schedule G, Line 3 -0-	\$
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2,500.	\$

Current Cash Statement

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.

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

**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 \$ _____ \$ _____

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (m/d/dy) Total to Date

_____ / _____ / _____ \$ _____

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).

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 5/20/12
through 6/30/12

CALIFORNIA
FORM **460**

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Michael W. Kelley

I.D. NUMBER
1303602

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 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 TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period -- itemized monetary contributions.
(Include all Schedule A subtotals.) \$ -0-
- Amount received this period -- unitemized monetary contributions of less than \$100 \$ 198.
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 198.

*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 E
Payments Made**

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

SCHEDULEE
CALIFORNIA
FORM
460

Statement covers period
from 5/20/12
through 6/30/12

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

I.D. NUMBER
1303602

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

- | | | | | | |
|-----|---|------|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | M G | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | dvic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | P-HO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSE | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID 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.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2,500.
- Unitemized payments made this period of under \$100 \$ -0-
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 2,500.

SUBTOTAL \$ 2,500.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/13
through 12/31/13

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

Date Stamp
FILED
REGISTRAR OF VOTERS
JAN 27 2014
RECEIVED BY: *[Signature]*

CALIFORNIA
FORM
460

Page 1 of 5
For Official Use Only

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Offshore, 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/Officerholder 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)*
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-Elect Michael Kelley, Supervisor Dist. 3, 2013

I.D. NUMBER
1303602

Treasurer(s)

NAME OF TREASURER
Judy Kelley

MAILING ADDRESS

2715 La Brucherie Rd.

Imperial

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
2715 La Brucherie Rd.
CITY
Imperial
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY
STATE
Ca
ZIP CODE
92251
AREA CODE/PHONE
760-355-2385

STATE
Ca
ZIP CODE
92251
AREA CODE/PHONE
760-355-2385

OPTIONAL: FAX / E-MAIL ADDRESS

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 1/19/13
Date

Executed on 1/19/13
Date

Executed on _____
Date

Executed on _____
Date

By Judith Willett
Signature of Treasurer or Assistant Treasurer

By Michael B. Kelley
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in Ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Committee to Re-Elect Michael Kelley, Supervisor Dist. 3
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Supervisor, Imperial County, Dist. 3
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 2715 La Brucherie Rd Imperial Ca 92251

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.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
 BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Michael W. Kelley, Supervisor, Dist. 3

Statement covers period from 7/1/13 through 12/31/13

CALIFORNIA FORM 460
Page 3 of 5
I.D. NUMBER 1303602

Contributions Received

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1,192.03	\$
7. Loans Made	Schedule H, Line 3 -0-	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1,192.03	\$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	
10. Nonmonetary Adjustment	Schedule G, Line 3 -0-	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1,192.03	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 4771.73	\$
13. Cash Receipts	Column A, Line 3 above -0-	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	
15. Cash Payments	Column A, Line 8 above 1192.03	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3579.70	\$

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ -0-	\$
18. Cash Equivalents	See instructions on reverse \$ -0-	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ -0-	\$

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

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

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
	/ /	\$
	/ /	\$

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

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).