Recipient Committee

Recipient Committee Campaign Statement Cover Page	Type or print in ink.	in k.	Date Stamp	CALIFORNIA	4
(Government come perions exton-ext 10:3)	Statement covers period from 8/1/10	Date of election if applicable: (Month, Day, Year)	JAIN 27 2011	Page	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/10		SECTIVE SA	N. T. S.	
1. Type of Recipient Committee: All Committees - C	All Committees - Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall ☐ Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination)	nination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	nt Report election Form 495
☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	(Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)	(wc		
3. Committee Information	I.D. NUMBER 1303602	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Michael W. Kelley	3)				
STREET ADDRESS (NO P.O. BOX) 2715 La Brucherie Rd.		CITY Imperial	STATE Ca	ZIP CODE 92251	AREA CODE/PHONE 760-355-2385
CITY STATE ZIP CODE Imperial Ca 92251	AREA CODE/PHONE 760-355-2385	ASSISTANT TR	EASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	вох	MAILING ADDRESS			
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE	CITY	STATE	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 laws of the State of California that the foregoing is true and correct.	ng this statement and to the best of my kno nia that the foregoing is true and correct.	weldge the information contained here	n and in the attached s	schedules is true and	complete. I certify
Executed on	By Signature of Con	Signature of Controlling Officeholder, Candidate, State Meastre Propo	Skian Vessurer Skian Vessurer Companient Responsible Officer of Sponsor	Doenood	w
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Measure Proponent		
Executed on	By	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Measure Proponent	n n n n n n n n n n n n n n n n n n n	Torn App (Innuarios)

Page 2	CALIFORNIA FORM	COVIDE
of 4	460	COVEN FAGE - FACE 2

	Attach continuation sheets if necessary	h continuation	Attaci	ODE AREA CODE/PHONE	STATE ZIP CODE	СПҮ
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	☐ YES ☐ NO OX)	STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER COMMITTEE ADDRESS
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SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of l.	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	didate/Office	7. Primarily Formed Cand officeholder(s) or candidate(s)	CONTROLLED COMMITTEE?		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
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 Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receiv contributions or make expenditures on behalf of your candidacy.	Related Committees not included in this statem contributions or make exp
	OPONENT	DIDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
oponent, if any.	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ceholder, can	Identify the controlling office	17Y STATE ZIP 1, Ca. 92251	DRESS (NO. AND STREET) CITY d., Imperial, Ca.	RESIDENTIAUBUSINESS ADDRESS (NO. AND STREET) 2715 La Brucherie Rd.,
SUPPORT OPPOSE		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 LOCATION Supervisor, Imperial County, Dist. 3
			NAME OF BALLOT MEASURE		DR 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 Cand

Campaign Disclosure Statement Summary Page

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

Statement covers period

SUMMARY PAGE

Summary Page	to whole dollars.	from	Statement covers period m 8/1/10	FORM 460
SEE INSTRUCTIONS ON REVERSE		through .	12/31/10	Page3 of4
Michael W. Kelley				I.D. NUMBER 1303602
ontributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	nary for Candidates State Primary and
2. Loans Received	-0		20. Contributions Received \$ 21. Expenditures Made \$	1/1 through 6/30 7/1 to Date
Expenditures Made 6. Payments Made	\$ 100. \$		Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit) Date of Election Total to I	re Limit Summary for State s Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Election Total to Date
Nonmonetary Adjustment TOTAL EXPENDITURES MADE	\$ 100. \$		Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$ 1,284.90 To calc -0- amoun corres; from C 100. Colum figures subtrate period period period subtrate from C 1,184.90 figures subtra	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 factories that the figures tha	*Amounts in this section may be different from amounts reported in Column B.	\$
17. LOAN GUARANTEES RECEIVED		for this calendar year, only 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 Heipline:	FPPC Toll-Free Helpline: 856/ASK-FPPC (856/75,-377)

Schedule E Payments Made

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

Statement covers period CALIFORNIA 460 SCHEDULEE

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SEE INSTRUCTIONS ON REVERSE		through 12/31/10	Page 4 of +
Michael W. Kellev			I.D. NUMBER
. I			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services PRO professional services (legat, accounting) MBR member communications ABR preturned contributions ABR reduces (ampaign or campaign product ABR reduced contributions ABR reduced contributions ABR preturned contributions ABR preturned contributions ABR member communications ABC preturned contributions ABC campaign validate filings and appearances ABC campaign or called airtime and TEL t.v. or cable airtime and TEL t.v. or ca	ayment, you may enter the code. Other member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	wise, describe the payment. RAD radio airline and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airline and production costs TRC candidate travel, lodging, and meals TRS staffspouse travel, lodging, and meals TSF transfer between committees of the same can VOT voter registration WEB information technology costs (internet, e-mail)	escribe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	DESCRIPTION OF PAYMENT	AMOUNT PAID
ITFA (Imperial Tiger Football Association) 104 Dahlia Lane Imperial, Calif. 92251	СУС		\$100.
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	irized on Schedule D.	SUBT	SUBTOTAL\$
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$ \$100.
2. Unitemized payments made this period of under \$100		***************************************	-O-
	, Column (e).)		\$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A,	e Summary Page, Column A,	Line 6.)TOTAL \$	S100.

Verification Name 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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct under correct under penalty of perjury under the attached schedules is true and complete. I certify the penalty of perjury under the attached schedules is true and complete. I certify the penalty of perjury under the attached schedules is true and complete. I certify the penalty of perjury under the attached schedules is true and complete. I certify the penalty of perjury under the attached schedules is true and complete. I certify the penalty of perjury under the attached schedules is true and complete. I certify the penalty of perjury under the attached schedules is true and complete. I certify the penalty of perjury under the attached schedules is true and complete. I certify the penalty of perjury under the attached schedules is true and complete. I certify the penalty of penalty of perjury under the attached schedules is true and complete. I certify the penalty of penal	Committee to Elect Michael W. Kelley STREET ADDRESS (NO P.O. BOX) 2715 La Brucherie Rd CITY Imperial MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS MAILING ADDRESS AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY CITY STATE ZIP CODE AREA CODE/PHONE CITY CI	Type or print in ink. tement covers period (Mo (Mo (Mo))) ts 1, 2, 3, and 4. 2. Typormed Ballot Measure (Part 5) red Part 5) France Committee
nation contained herein and in the attached schedules is true and complete. I certify of the assistant Transurer and Complete. I certify a state Measurer of Sponsor	NAME OF TREASURER Judy A. Kelley MAILING ADDRESS 2715 La Brucherie Rd. STATE ZIP CODE AREA CODE/PHONE CITY Ca 92251 760-355-2385 NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE	Date of election if applicable: (Month, Day, Year) 2. Type of Statement: Preclection Statement (Also file a Form 410 Termination) Teasure of Statement (Explain below) RECEIVED BY: \$\frac{2}{3}, \text{in} \text{ For Official Use Only For Official Use Only Statement - Attach Form 495}

Page _

PES NO NAME OF OFFICEHOLDER OR CANDIDATE
NAME OF OFFICEHOLDER OR CANDIDATE
AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE
CONTROLLED COMMITTEE? 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.
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.
Imperial, Ca. 92251 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
CITY STATE ZIP
Michael W. Kelley OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION
NAME OF BALLOT MEASURE
Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Committee

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 Equivalents
	for this calendar year, only carry over the amounts	\$ -0-	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	subtracted from previous period amounts. If this is		If this is a termination statement, Line 16 must be zero.
	Column A may be negative figures that should be	\$ 1059.90	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15
*Amounts in this section may be different from amounts reported in Column B.	corresponding amounts from Column B of your last report. Some amounts in	125	ases to Cash
	To calculate Column B, add amounts in Column A to the	-0-	13. Cash Receipts Column A, Line 3 above
\$		1184 90	
\$	\$	\$ 125.	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
		-0-	10. Nonmonetary Adjustment Schedule C, Line 3
Date of Election Total to Date			Accrued Expenses (Unpaid Bills)s
22. Cumulative Expenditures Made*		\$ 125.	SUBTOTAL CASH PAYMENTS
Candidates	\$	\$ -0-	
Expenditure Limit Summary for State))	×
Made \$ \$	69	\$ -0-	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4
res		-0-	4. Nonmonetary Contributions Schedule C. Line 3
20. Contributions	6	-0-	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2
1/1 through 6/30 7/1 to Date		0-	***************************************
General Elections	6	0-	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTALTODATE	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
1303602			Michael W. Kelley
I.D. NUMBER			NAME OF FILER
6/30/11 Page 3 of 4	through .		SEE INSTRUCTIONS ON REVERSE
1/1/11 FORM 460	from	to whole dollars.	Sullillary rage
		Amounts may be rounded	Cimpagi Pigo

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 1/1/11 6/30/11 FORM 460 1303602 Page 4 of 4 I.D. NUMBER SCHEDULEE

DES: If one of the following codes accurately describes the pacampaign paraphernalia/misc. MBR campaign consultants M G contribution (exclain nonmonetary)*	ayment, you may enter the code. (member communications meetings and appearances	Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions	
Jopposing others (explain)* PROPROPROPROPROPROPROPROPROPROPROPROPROP	online expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	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)	n costs als neals he same candidate/sponsor met, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. 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.	narized on Schedule D.	SUBTOTALS	TAL\$ 125.
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)		Ð	· -0-
2. Unitermized payments made this period of under \$100		69	\$ 125.
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	1, Column (e).)	\$	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A,	the Summary Page, Colun	nn A, Line 6.) TOTAL \$	\$ 125.

ယ SEE INSTRUCTIONS ON REVERSE (Government Code Sections 84200-84216.5) Cover Page Campaign Statement Recipient Committee Committee Information Officeholder, Candidate Controlled Committee Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. OPTIONAL: FAX / E-MAIL ADDRESS COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 2715 La Brucherie Rd. STREET ADDRESS (NO P.O. BOX) Imperial Committee to Elect Michael W. Kelley General Purpose Committee Small Contributor Committee
 Political Party/Central Committee (Also Complete Part 5) O Recall State Candidate Election Committee Sponsored STATE STATE Ca 92251 ZIP CODE ZIP CODE I.D. NUMBER Primarily Formed Ballot Measure Officeholder Committee Primarily Formed Candidate/ Sponsored (Also Complete Part 7) (Also Complete Part 6) Controlled Committee from through Statement covers period 760-355-2385 AREA CODE/PHONE AREA CODE/PHONE 12/31/11 7/1/11 Type or print in ink. Date of election if applicable: 7110 NAME OF TREASURER MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY 2715 La Brucherie Rd MAILING ADDRESS Judy A. Kelley Treasurer(s) Imperial Type of Statement: (Month, Day, Year) Amendment (Explain below) Preelection Statement Semi-annual Statement (Also file a Form 410 Termination) Termination Statement REGISTRAR OF VOTE JAN 24 2012 Date Stamp RECEIVED BY: 10 STATE STATE Ca 92251 ZIP CODE ZIP CODE Supplemental Preelection Special Odd-Year Report Quarterly Statement Statement - Attach Form 495 Page_ CALIFORNIA FORM For Official Use Only 760-355-2385 AREA CODE/PHONE AREA CODE/PHONE <u>Q</u> COVER PAGE 460

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.

OPTIONAL: FAX / E-MAIL ADDRESS

Executed on	Executed on	Executed on $1-24-12$	Executed on Pale
By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Machine Of Controlling Officeholder, Candidate, State Measurg/Topment or Responsible Officero	By AUCE W. KILLOW.

Sponsor

CALIFORNIA 460
FORM

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	ks if necessary	Attach continuation sheets if necessary	Attach	ODE AREA CODE/PHONE	STATE ZIP CODE	פודץ
)X)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	YES NO		NAME OF IREASORER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE			
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	SIAIR ZIP CODE	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		(NO	COMMITTEE ADDRESS
t names of d.	er Committee List	date/Officehold	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 or are primarily formed to receive indidacy.	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
	NT T	IDATE, OR PROPONEN	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
roponent, if a	, or state measure pr	eholder, candidate,	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 OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	T NUMBER (F 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
						Michael W. Kelley
			NAME OF BALLOT MEASURE		R OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	nittee	ed Ballot Measure Committee	6. Primarily Formed Ballot	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Ca

Campaign Disclosure Statement Summary Page

Type or print in ink.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michael W. Kelley Contributions Received 1. Monetary Contributions Schedule A. Line 3 2. Loans Received Schedule B. Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Schedule C. Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Schedule C. Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Schedule C. Line 3 6. Payments Made Schedule E. Line 4 7. Loans Made Schedule F. Line 3 8. SUBTOTAL CASH PAYMENTS S	Column B		ant covers period 7/11/11 12/31/11 Page 3 of 8 I.D. NUMBER 1303602 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 \$ \$ 7/1 to Date 21. Expenditures Made \$ \$ \$ Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* 1/2 Cumulative Expenditures Made*
Monetary Contributions \$6,397 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$6,397		Contributions Received \$ Expenditures Made \$	
xpenditures Made Schedule E, Line 4 \$ Payments Made Schedule H, Line 3 Loans Made Schedule H, Line 3 SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$	\$ \$	Expenditure Limit S Candidates 22. Cumulative	Summary for State Expenditures Made* Toluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) -0- 10. Nonmonetary Adjustment -0- 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$	⇔	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 1,059.90 13. Cash Receipts 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 \$6,207.9% If this is a termination statement, Line 16 must be zero. \$6,207.9%		*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
LOAN GUARANTEES RECEIVED	the first report being filed 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 Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

Monetary (Monetary Contributions Received	Type or print in ink. Amounts may be rounded	nt in ink. be rounded	Statement covers period	rsperiod	SCHEDULE A (CONT.)
1		to whole dollars.	ollars.	from7/1	7/1/11	
				through 12/	12/31/11	
NAME OF FILER						4
Michael W. Kelley	Kelley					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	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)	E 20
11/23/11	James H. McNeal 414 W. Elm Ave. Burbank, Ca. 91506	DIND SCC	Schaefer Ambulance	\$500.		Į
11/25/11	Currier & Sons 625 W. Carter Rd. Brawley, Ca. 92227	DOTH SCC	Farmer	\$1,000		
11/28/11	Andrew S. Krutzsch 104 W. I St. Brawley, Ca. 92227	Dind COM OTH SCC	Attorney	\$150.	;	ļ
11/29/11	Five Crowns, Inc. 551 West Main St. #2 Brawley, Ca. 92227	DOTH SCC	Packers/Shippers	\$250.		
11/30/11	Rusty Jordan 3104 Q West, Hwy 86 Brawley, Ca. 92227	DCOM DOTH SCC	Farmer	\$250.		I
		07	\$UBTOTAL\$	\$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

NAME OF FILER

Circuate A (Continuation Officer)	Type or print in ink.		SCHEDULE A (CONT.)
nonetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA ACO
		from 7/1/11	FORM 40U
		through 12/31/11	Page S of 8
AME OF FILER			I.D. NUMBER
Michael W. Kelley			1303602

	12/9/11	12/5/11	12/5/11	12/2/11	11/30/11	DATE
	Myron Fortin 4345 Loveland Brawley, Ca. 92227	Joe Montenegro 2230 Desert Gardens El Centro, Ca. 92243	Ed McGrew 1755 Meloland Rd. Holtville, Ca. 92250	Laura McDonaid 221 Vista Grand Gln. Escondido, Ca. 92025	Smith Kandal Real Estate 510 West Main St. Brawley, Ca. 92227	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	DSCC	OSCC ON OSCC	OPTY SCC	DDDD NO	DOTH SCC	CONTRIBUTOR CODE *
\$UBTOTAL\$	Appraiser	So. Ca. Gas Co.	Retired	Director SDG&E	Real Estate Broker	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, EMTER NAME OF BUSINESS)
\$800.	\$100.	\$100.	\$100.	\$250.	\$250.	AMOUNT RECEIVED THIS PERIOD
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

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

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Michael W. Kelley

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

	to whole dollars.
through 12/31/11	from 7/1/11
Page 6 of 8	FORM 460
	12/31/11

1303602

12/15/11 12/14/11 12/9/11 RECEIVED 12/8/11 12/8/11 DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Granite Const. Co. P. O. Box 50085 Watsonville, Ca. 95077 El Centro, Ca. 92243 Barry Case 1101 McCullom San Diego, Ca. L. F. Schott 2725 La Brucherie Rd Imperial, Ca. 92251 **David Ross** 14298 Bourgeois Way 9890 Cherry Ave., Fontana, Ca. 92335 Cole Burr, Pres. Burrtec Waste Industries, Inc. CONTRIBUTOR CODE * OSC PTY OND SCC POTH NO SCC POTH NO DOS YEAR ON MOOD ON MO Broker Capitol Strategies Gp **Public Affairs** President Imperial Vegetable Seeds IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL\$ AMOUNT RECEIVED THIS PERIOD \$1,000 \$1,000. \$2,450. \$100 \$100. \$250. CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) PER ELECTION TO DATE (IF REQUIRED)

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

Monetary Contributions Received Schedule A

Type or print in ink.
Amounts may be rounded

\LIFORNIA	
200	SCHEDULE /

Molletary	Molletary Contributions Received	ť	to whole dollars.	from 7/1/11		CALIFORNIA 460	0
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through12/	12/31/11	Page 17 of 8	1
NAME OF FILER						I.D. NUMBER	
Michael W. Kelley	. Kelley					1303602	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-SMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION R TO DATE (IF REQUIRED)	
12/16/11	Leon Layaye P. O. Box 506 Calipatria, Ca. 92233	DiND □COM □PTY	Farmer	\$300.			
12/20/11	John Pierre Menvielle 897 West Ross Rd. El Centro, Ca. 92243	DIND COM	IID Director	\$100.			
		SCC HOOM O					
		OSCC OSC					
		OTH M					ŀ
			SUBTOTAL\$	\$400.			37.
Schedule A Summary	Summary				*Contrib	*Contributor Codes	ا

6,397.97

\$5,800. 597.97

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)

*Contributor Codes

PTY - Political Party
SCC - Small Contributor Committee

Total monetary contributions received this period.

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

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)\$

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

Statement covers period 7/1/11 12/31/11 Page S CALIFORNIA FORM I.D. NUMBER 8 SCHEDULEE

from ...

through _

Michael W. Kelley			1303602	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CMP campaign consultants CRS campaign consultants CRS campaign consultants COLIC civic donations CVC civic donations FIL candidate filing/ballot fees FIL candidate filing and survey research FIR candidate fravel, lodging, transfer between commit FIR candidate fravel, lo	ayment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	ayment, 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 postage, delivery and messenger services professional services (legal, accounting) Pint ads RAD radio airlime and production costs RFD returned contributions	costs luction costs meals and meals of the same	: candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Imperial Printers 430 Main St. El 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.	arized on Sci		SUBTOTAL \$	\$985.91
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)			⇔	\$985.91
2. Unitemized payments made this period of under \$100			\$	\$264.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	I, Column (e	9.)	\$	o-
 Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A. 	e Summary	Line 6.)	TOTAL \$	1,249.91