

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 FIFT RECORDED JAN 27 2011 RECEIVED 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.

CITY

Imperial

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

Imperial

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 1/27/11

Date

Executed on 1/27/11

Date

Executed on _____

Date

Executed on _____

Date

By _____

Signature of Treasurer or Assistant Treasurer

By _____

Signature of Controlling Officer/candidate, State Measure Proponent or Responding 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, 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
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 8/1/10
through 12/31/10

CALIFORNIA
FORM
460
Page 3 of 4
I.D. NUMBER
1303602

SUMMARY PAGE

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.

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ -0-	
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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* (# 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.

SCHEDULE E
460

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

CALIFORNIA
FORM
460
Page 4 of 4
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 | RED | 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 | 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 | 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 | FRT | 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
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. **SUBTOTAL \$**

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 100.
- 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 \$** \$100.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

<p>FILED Date Stamp REGISTRAR OF VOTER JUL 14 2011 RECEIVED BY: SA J. W. J. W.</p>	<p>COVER PAGE CALIFORNIA FORM 460 Page 1 of 4 For Official Use Only</p>
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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)

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

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

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

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

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY
Imperial

STATE ZIP CODE AREA CODE/PHONE
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 7/5/11
By Judy A. Kelley Signature of Treasurer or Assistant Treasurer
Executed on 7/5/11
By Michael W. Kelley Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
Executed on _____
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA
FORM
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Page 2 of 4

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?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER		
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	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
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 1/1/11
through 6/30/11

CALIFORNIA
FORM
460
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 \$ 125.	\$
7. Loans Made	Schedule H, Line 3 -0-	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 125.	\$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	
10. Nonmonetary Adjustment	Schedule C, Line 3 -0-	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 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	

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

17. LOAN GUARANTEES RECEIVED

18. Cash Equivalents

19. Outstanding Debts

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)	\$	Total to Date
Date of Election (m/d/yyyy)		

*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

Page 4 of 4

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.

- CNP 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
- PET petition circulating
- PHD phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAID 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
- VOT voter registration
- 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
El Centro Downtown Association City of El Centro	CVC			75.
American Citizen Club 1110 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 <u>7/1/11</u> through <u>12/31/11</u>	Date of election if applicable: (Month, Day, Year)	Date Stamp FILED REGISTRAR OF VOTES JAN 24 2012	CALIFORNIA FORM 460
		RECEIVED BY: <i>[Signature]</i>	Page <u>1</u> of <u>2</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 Candidate/Officeholder Committee (Also Complete Part 6)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

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.

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
2715 La Brucherie Rd.

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

NAME OF ASSISTANT TREASURER, IF ANY

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

OPTIONAL: FAX / E-MAIL 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 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.

SUMMARY PAGE

Statement covers period from <u>7/1/11</u> through <u>12/31/11</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>8</u>	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 \$ 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 6 + 9 + 10 \$ 1,249.91	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1,059.90	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).
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 \$ 6,207.96	

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 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 7/1/11
through 12/31/11

CALIFORNIA
FORM **460**
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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. Elin 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.		

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

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

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NAME OF FILER
Michael W. Kelley

I.D. NUMBER
1303602

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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.		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT)

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

CALIFORNIA
FORM **460**

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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	Burrtec Waste Industries, Inc. Cole Burr, Pres. 9890 Cherry Ave., Fontana, Ca. 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" 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 McCulliom 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.		

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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

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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)
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 checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IID Director	\$100.		
		<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 \$				\$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

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**Schedule E
Payments Made**

Type or print in ink.
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Statement covers period from 7/1/11 through 12/31/11	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
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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	RCD 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
IND 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
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**