

**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>12 MAR 27 PM 1:40</u>	CALIFORNIA FORM 460
		Received <u>gk 15:45</u>	Page <u>1</u> of <u>1</u>	
		Imperial County	For Official Use Only	

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officerholder, 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, 2012

I.D. NUMBER

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

MAILING ADDRESS

CITY
Imperial

STATE
Ca

ZIP CODE
92251

AREA CODE/PHONE
760-355-2385

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 3-22-12
Date

By Judy A. Kelley
Signature of Treasurer or Assistant Treasurer

Executed on 3-22-12
Date

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

Executed on _____
Date

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

Executed on _____
Date

By _____
Signature of Controlling Officerholder, 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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley

Statement covers period from 1/1/12 through 3/17/12	CALIFORNIA FORM 460
Page 3 of 7	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 \$ 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 C, 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	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 \$ 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	

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* (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

**CALLIFORNIA
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 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>
1/3/12	Dr. George Mallof 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 McNeece 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 Meets 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 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.

SCHEDULE A

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

CALIFORNIA
FORM
460
Page 5 of 7

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)
2/10/12	Steve Honse 825 W. Main Street El Centro, Ca. 92243	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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 1/1/12
through 3/17/12

CALIFORNIA
FORM **460**

Page 6 of 7

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.
- 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
- MTG meetings and appearances
- OFI 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
- REF returned contributions
- SAL campaign workers' salaries
- TEL tv. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TSS 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
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
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Date of election if applicable: (Month, Day, Year)	
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FILED REGISTERED STAMP OF VOTE MAY 21 2012 RECEIVED BY:	COVER PAGE CALIFORNIA FORM 460 Page 1 of 3 For Official Use Only
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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)

3. Committee Information I.D. NUMBER 1303602

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

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

- 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

Treasurer(s)

NAME OF TREASURER
Judy Kelley

MAILING ADDRESS
2715 La Brucherie Rd.
CITY STATE ZIP CODE AREA CODE/PHONE
Imperial Ca 92251 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 5-19-12 Date
By Judy A. Kelley Signature of Treasurer or Assistant Treasurer
By Michael D. 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
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 **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	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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Michael W. Kelley

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

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 \$ 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 C, 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	

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* (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 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

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 (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				
		<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 covers period
from 3/18/12 through 5/19/12

CALIFORNIA FORM **460**

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.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAID	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	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
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.

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

SUBTOTAL \$ \$600.

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.

SEE INSTRUCTIONS ON REVERSE

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

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

Date Stamp
FILED
REGISTRAR OF VOTERS
JUL 10 2012
RECEIVED BY: JY

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.

- Offholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Offholder Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

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

Treasurer(s)

NAME OF TREASURER
Judy Kelley
MAILING ADDRESS
2715 La Brucherie Rd.

STREET ADDRESS (NO P.O. BOX)
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

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 7-10-12 Date
By Judy A. Kelley Signature of Treasurer of Assistant Treasurer
Executed on 7-10-12 Date
By Michael Kelley Signature of Controlling Officer/Candidate, State Measure Proposer, or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proposer
Executed on _____ Date
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	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.

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

CALIFORNIA
FORM 460
Page 3 of 5
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 3 198.	\$ _____
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	\$ _____

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-	\$ _____

Expenditure Limit Summary for State Candidates

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