Recipient Committee Campaign Statement	Type or print in ink	ink.	Date Stamp	COVER PAGE CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable 1012 MAR 27 PM (Month, Day, Year)	HAR 27 PM 1: 46	Page of
SEE INSTRUCTIONS ON REVERSE	through 3/17/12	6-S-12 mp	Received 4h mperial County Po	
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Me O State Candidate Election Committee Committee O Recall Also Complete Part 5) Sponsored	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination)	000	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Amendment (Explain below)	9	
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Re-Elect Michael Kelley, Supervisor Dist. 3, 2012	sor Dist. 3, 2012	NAME OF TREASURER Judy A. Kelley		
STREET ADDRESS (NO P.O. BOX) 2715 La Brucherie Rd.		2715 La Brucherie Rd. city Imperial	STATE ZIP CODE Ca 92251	ODE AREA CODE/PHONE 760-355-2385
CITY Imperial MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	ODE AREA CODE/PHONE 51 760-355-2385	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	IF ANY	
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	СІТҮ	STATE ZIP CODE	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct under penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed on 3-3-(3) By Stopengre of Teagurer of Assistant Transform Executed on 3-3-1-12 By Hard Add Hard Complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and complete. I certify the attached schedules is true and correct. By Stopengree of the information contained herein and in the attached schedules is true and complete. I certify the attached schedules is true and correct. By Stopengree of the information contained herein and in the attached schedules is true and complete. I certify the attached schedules is true and correct. By Stopengree of the information contained herein and in the attached schedules is true and correct.	ia that the foregoing is true and correct By By	st of my knowledge the information contained herein docorrect. All Le Le Signafire of Frequency Assistant Transport	ontained herein and in the attached schedul	les is true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidata, State Measure Proponent	easure Proponent	
Executed on	8y	Signature of Controlling Officeholder, Candidate, State Measure Proponent	easure Proponent	1000 Example (100 (language) 5

	Attach continuation sheets if necessary) continuation	Attach	AREA CODE/PHONE	ZIP CODE	STATE	СІТҮ
					15		
L OPPOSE					(NO P.O. BOX)	STREET ADDRESS (NO PO. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?	8		NAME OF TREASURER
SUPPORT	OFFICE SOUGHT OR HELD	·	NAME OF OFFICEHOLDER OR CANDIDATE				
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	DE AREA CODEPHONE	7P CODE	SA	COMMITTEE NAME
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		(NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of	holder Committee List committee is primarily formed	idate/Office	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?	C C		NAME OF TREASURER
				I.D. NUMBER	I.D.		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY	6	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.	this Statem of by you or are of your candidate	s Not Included in ment that are controlle penditures on behalf o	Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.
	PONENT	DATE OR PROF	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
oponent, if any.	lling officeholder, candidate, or state measure proponent, if any.	eholder, cand	Identify the controlling offic	STATE ZIP Ca 92251	REET) CITY	DDRESS (NO. AND STR	RESIDENTIAUBUSINESS ADDRESS (NO. AND STREET) 2715 La Brucherie Rd.
OPPOSE	0					County, District 3	Supervisor, Imperial County, District 3
SUPPORT		JURISDICTION	BALLOT NO. OR LETTER	IMBER IF APPLICABLE)	ND DISTRICT NU	(INCLUDE LOCATION A)	MICHAEL W. Kelley OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
			NAME OF BALLOT MEASURE		,	OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	ommittee	d Ballot Measure Committee	6. Primarily Formed Ballot	· ·	d Committee	ndidate Controllec	5. Officeholder or Candidate Controlled Committee

Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		Outstanding Debts Add Line 2 + Line 9 in Column B above \$
	from Lines 2, 7, and 9 (if any).	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
	for this calendar year, only carry over the amounts	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$0-
	subtracted from previous period amounts. If this is	t, Line 16 must be zero.
Į7	report. Some amounts in Column A may be negative figures that should be	Cash Payments
*Amounts in this section may be different from amounts reported in Column B.	corresponding amounts from Column B of your last	Increases to Cash Schedule I, Line 4
	To calculate Column B, add	12. Beginning Cash Balance
\$		Current Cash Statement
\$	69	11. TOTAL EXPENDITURES MADE
(mm/dd/yy)		Schedule C, Line 3
(If Subject to Voluntary Expenditure Limit)		SUBTOTAL CASH PAYMENTS
23 Completio Bonnelituro Malor		Schedule H, Line 3
Expenditure Limit Summary for State Candidates	\$	Expenditures Made 1,023.
Made \$ \$	49	TOTAL CONTRIBUTIONS RECEIVED
Received \$ \$		Schedule C, Line 3
ons	S	Add Lines 1 + 2 \$ \$1,1
1/1 through 6/30 7/1 to Date		Monetary Contributions
General Elections		
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
1303602		Michael W. Kelley
D N MARIE		NAME OF FILER
3/17/12 Page 3 of 7	through	SEE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	fro	Summary Page to whole dollars.

Monetary Schedule A (Continuation Sheet)

Type or print in ink.

Monetary Contributions Received Amounts may be rounded to whole dollars.	Statement covers period 1/1/12 from	CALIFORNIA 460 FORM of 7
NAME OF FILER		I.D. NUMBER
Michael W. Kelley		1303602

		\$700.	SUBTOTAL\$			
		\$200.	Retired Farmer	DDDDD NO.	Clem Muller, Jr. 1904 Metts Rd. Holtville, Ca. 92250	2/4/12
		\$100.	Retired	DSCC DSCC	Betty Jo McNeece 2226 Aurora Ct. El Centro, Ca. 92243	1/17/12
		\$200.	Agricultural Businessman	DOTH SCC	Wes Blakely P. O. Box 294 El Centro, Ca. 92244	1/12/12
		\$100.	Auto Dealer	ØIND □COM □PTY □SCC	Les Rogers 135 S. Sunset Dr. El Centro, Ca. 92243	1/11/12
		\$100.	Doctor	ØIND □COM □OTH □PTY	Dr. George Maloof 2390 Desert Gardens Dr. El Centro, Ca. 92243	1/3/12
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	DATE RECEIVED

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

Monetary Contributions Received Schedule A

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

Statement covers period

CALIFORNIA SCHEDULE A 460

				from	1/1/12	FORM	- 6
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through3/	3/17/12	Page 5 of	7
NAME OF FILER Michael W. Kelley	. Kelley					I.D. NUMBER 1303602	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITEE, ALSOENTER ID. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE TO DATE (IF REQUIRED)	CTION ATE JIRED)
2/10/12	Steve Honse 825 W. Main Street El Centro, Ca. 92243	DOTH H	Law Office of Henderson and Honse	\$250.			
3/5/12	James Semmes 299 S. Sunset Dr. El Centro, Ca. 92243	ODD OTH H	Directpr of Social Services	\$100.			
		OPTY SCC					
		OPTY SCC					
		DDDDING OTH H SCC					
			SUBTOTAL\$	\$350.			
Schedule A Summary	Summary	:			*Contrit	*Contributor Codes	

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

(Include all Schedule A subtotals.)\$

Amount received this period – itemized monetary contributions.

\$1,149.

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

\$1,050. 99.00

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

Schedule E Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Michael W. Kelley

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

Statement covers period 1/1/12 SCHEDULE E (CONT.)

from

through

3/17/12

CALIFORNIA FORM

Page _ 1303602 I.D. NUMBER 앜

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, El Centro, Ca. 92243 940 West Main St County of Imperial El Centro, Ca. 92243 940 West Main St. County of Imperial Brawley, Ca. 92227 P. O. Box 1408 Hidalgo Society El Centro Ca. 92243 IV BAMA, Inc. 1101 So. McCullom campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* candidate filing/ballot fees civic donations campaign literature and mailings legal defense "ndependent expenditure supporting/opposing others (explain) undraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 면 당 등 등 등 member communications office expenses meetings and appearances polling and survey research print ads professional services (legal, accounting) postage, delivery and messenger services phone banks petition circulating CODE 000 CVC \exists Program Sponsorship Candidates' Statement Application Fee Blue Angels Golf Tournament Sponsorship DESCRIPTION OF PAYMENT MOT RESERVED describe the payment. information technology costs (internet, e-mail) candidate travel, lodging, and meals t.v. or cable airlime and production costs campaign workers' salaries voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals radio airtime and production costs returned contributions SUBTOTAL \$ AMOUNT PAID \$1,023. \$300 \$100 \$523 \$100.

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 1/1/12 3/17/12 Page ____ CALIFORNIA 460 I.D. NUMBER of Z

SCHEDULEE

1303602

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A,	3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	2. Unitemized payments made this period of under \$100	1. Itemized payments made this period. (Include all Schedule E subtotals.)	Schedule E Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR	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 CNC contribution (explain nonmonetary)* CVC civic donations CNC c
_	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	69	6		D. SUBTOTAL\$		DESCRIPTION OF PAYMENT	code. Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' sataries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meats TRS staff/spouse travel, lodging, and meats Services TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)
\$1,023.	-0-	-0-	\$1,023.				AMOUNT PAID	s me candidate/sponsor ∍-mail)

		4.			ယ		S EE	ତ୍ୱି ଦୁଦ୍ଧ ନ
Executed on	Executed onDate	Verification Ve	CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS	STREET ADDRESS (NO P.O. BOX) 2715 La Brucherie Rd. CITY STATE ZIP CODE Imperial Ca 92251 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	Committee Information 1303602 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Re-Elect Michael Kelley, Supervisor District 3	Type of Recipient Committee: All comm Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	SEE INSTRUCTIONS ON REVERSE	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
		reviewing the California t	ZIP CODE	ZIP CODE 92251 OR P.O. BOX	1.D. 13 MMITTEE)	All Committees - Complete Parts 1, 2, 3, and 4 Dommittee Primarily Formed Ballot Mice Committee Controlled (Also Complete Part 6) Primarily Formed Candidat Officeholder Committee (Also Complete Part 7)		٦
		nis statement hat the fores			1.D. NUMBER 1303602 E)	omplete Parts 1, 2, 3, and Primarily Formed Ballot Committee Controlled Sponsored (Aso Complete Part 6) Primarily Formed Candid Conficeholder Committee (Aso Complete Part 7)	Staten from through _	
Ву	Ву	nt and to the best of my kn going is true and correct. By Signature of Co.	AREA CODE/PHONE	AREA CODE/PHONE 760-355-2385	3	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Statement covers period n 3/18/12 n 5/19/12	Type or print in ink.
Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	st of my knowledge the information contained herein and d correct. Correct Correc	CITY OPTIONAL: FAX / E-MAIL ADDRESS	CITY Imperial NAME OF ASSISTANT TREASUR	Treasurer(s) NAME OF TREASURER Judy Kelley MAILING ADDRESS	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Date of election if applicable: (Month, Day, Year)	ink.
ite Measure Propor	ite Measure Propor	ined herein and in the attached schedi		REASURER, IF ANY		rmination)	R.	REGE!
ent	en.	attached sch	STATE ZI	STATE Z		000	RECEIVED BY:	FILED REGISTRATE OF VOTE MAY 2 1 2012
		edules is tru	ZIP CODE	ZIP CODE 92251		Quarterly Statement Special Odd-Year R Supplemental Preele Statement - Attach F	×.	
1000 Form 460 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		ue and complete. I certify	AREA CODE/PHONE	AREA CODE/PHONE 760-355-2385		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	For Official Use Only	IFORNIA ORM

FPPC Toll-Free Helpline: 866/ASK-FPPC (886/275-3772)
State of California

COVER PAGE - PART2
CALIFORNIA 460
FORM 2 of 5

	Attach continuation sheets if necessary	' continuation	Attach	ZIP CODE AREA CODE/PHONE	STATE ZIP (СПҮ
□ SUPPORT □ OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	☐ YES ☐ NO	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEES?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ER OR CANDIDATE	NAME OF OFFICEHOLDER OR CA	I.D. NUMBER		COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
List names of med.	eholder Committee	lidate/Offica	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
). IF ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	Related Committees Not included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.	Related Committe not included in this sta contributions or make
	OPONENT	DIDATE, OR PR	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
e proponent, if any.	ling officeholder, candidate, or state measure proponent, if any.	ceholder, can	identify the controlling office	ET) CITY STATE ZIP Imperial, Ca. 92251	RESS (NO. AND STRE	RESIDENTIAL/BUSINESS ADD
SUPPORT OPPOSE	2	202000	פארכטו אט. טא נפון פא	מכן מטאממנא זי אדירוונאטנה)	Supervisor, Imperial County, Dist. 3	Supervisor, Imperial County, Dist. 3
				visor District 3	Committee to Re-Elect Michael Kelley, Supervisor District 3	Committee to Re-
			NAME OF BALLOT MEASURE		ER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	Committee	Ballot Measure Committee	6. Primarily Formed Ballo	mittee	Officeholder or Candidate Controlled Committee	5. Officeholder or C:
of	Page					

Campaign Disclosure Statement Summary Page

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

SUMMARYPAGE

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		Add Line 2 + Line 9 in Column B above \$	19. Outstanding Debts
	from Lines 2, 7, and 9 (if any).	anding Debts	Cash Equivalents and Outstandin 18. Cash Equivalents
	for this calendar year, only carry over the amounts	ED Schedule B, Pert 2 \$ -0-	17. LOAN GUARANTEES RECEIVED
	subtracted from previous period amounts. If this is	1	If this is a termination statement, Line 16
reported in Column B.		Colun	15. Cash Payments
*Amounts in this section may be different from amounts		Cash	ទី :
₩	To calculate Column B. add		Current Cash Statement 12. Beginning Cash Balance
\$	\$	Add Lines 8+9+10 \$ 600.	11. TOTAL EXPENDITURES MADE
Date of Election Total to Date (mm/dd/yy)		ills)	Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment
22. Cumulative Expenditures Made* (If Subject to Volunbry Expenditure Limit)	<i>(</i>)	Schedule H, Line 3 Add Lines 6 + 7 \$ 6	B. SUBTOTAL CASH PAYMENTS
Expenditure Limit Summary for State Candidates	*		×
21. Expenditures Made \$\$	<i>s</i>	EIVED Schedule C, Line 3 1,500.	Nonmonetary Contributions TOTAL CONTRIBUTIONS RECEIVED
20. Contributions Received \$\$	•		
1/1 through 6/30 7/1 to Date	6	Schedule A, Line 3 \$ 1,500. Schedule B, Line 3 -0-	Monetary Contributions Loans Received
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Column B Calendar Year Total Todate	Column J TOTAL THIS PER FROM ATTACHED SCH	Contributions Received
1303602			Michael W. Kelley
I.D. NUMBER			NAME OF FILER
5/19/12 Page 3 of 5	through _		SEE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	fro	Amounts may be rounded to whole dollars.	Summary Page

Monetary Contributions Received Schedule A

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

Statement covers period

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Monetary (Monetary Contributions Received	õ	to whole dollars.	Statement covers period 3/18/12	3/18/12	CALIFORNIA 460
	יאַ אַר אַר אַר אַר אַר אַר אַר אַר אַר א			gh	5/19/12	Page 4 of 5
NAME OF FILER						I.D. NUMBER
Michael W. Kelley	Kelley					1303602
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION AR TO DATE TO PER ELECTION (IF REQUIRED)
4/26/12	John Corcoran 9500 Beverly Road Pico Rivera, Ca. 90660	□IND □COM IDOTH □PTY □SCC	President, Aggregate Products, Inc.	\$1,500.		
		□IND □COM □PTY □SCC		(8)		
		□IND □COM □PTY □SCC				
		DOTH SCC				
		OSCC OSC				
			SUBTOTAL \$			

Total monetary contributions received this period.

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

(Include all Schedule A subtotals.)\$

Schedule A Summary

1. Amount received this period - itemized monetary contributions.

\$1,500.

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

\$1,500.

þ

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

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.

	1rough 5/19/12	om3/18/12	Statement covers period
I.D. NUMBER	Page 5 of _	FORM	
	57	460	SCHEDULEE

1303602

from _

through

2 Total intersect poid this period on loans (Entersamount from Cabadallo D. Daw 1. California (1.)	1 4 1	2. Unitermized payments made this period of under \$100	1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	Schedule E Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Imperial Little League CVC 2 Field signs for P. O. Box 555 CVC Imperial, Ca. 92251	Jaime Obeso, Sr. Memorial Fundraiser 2562 Oasis Street CVC Imperial, Ca. 92251	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE OR	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CNS campaign consultants CNS campaign consultants CNS campaign consultants CVC civic donations CVC civic donations FIL candidate filing/ballot fees FIL candidate fravel, lodging, and survey research FIR postage, delivery and messenger services FIR print ads FIR print ads FIR print ads
**************************************	9 (ia de la companya de	8		SUBTOTAL \$	igns for Minor and Major Little League Fields	Fundraiser for fallen Cal Trans Worker	DESCRIPTION OF PAYMENT	e. Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, iodging, and meals TRS staff/spouse travel, iodging, and meals TRS transfer between committees of the same candidate/sponsor g) VOT voter registration WEB information technology costs (internet, e-mail)
	þ	þ	\$600.		\$ \$600.	\$400.	\$200.	AMOUNT PAID	ts me candidate/sponsor e-mail)

				COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in ink.	nk.	Date Stamp FILED	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period 5/20/12	Date of election if applicable: (Month, Day, Year)	BEGISTRAR OF VOTERS	Page 1 of 3
SEE INSTRUCTIONS ON REVERSE	through6/30/12		RECEIVED BY: 34	
1. Type of Recipient Committee: All Committees [2] Officeholder, Candidate Controlled Committee [3] Officeholder, Candidate Controlled Committee	All Committees - Complete Parts 1, 2, 3, and 4. committee Primarily Formed Ballot Measure	70 1	☐ Quarte	Quarterly Statement
	Controlled Sponsored (Also Complete Part 6)	Termination Statement (Atso file a Form 410 Termin	ation)	Special Odd-Teal Report Supplemental Preelection Statement - Attach Form 495
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	☐ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			
3. Committee Information	I.D. NUMBER 1303602	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	ree) Nisor District 3	name of treasurer Judy Kelley		
	8	MAILING ADDRESS 2715 La Brucherie Rd.		
STREET ADDRESS (NO P.O. BOX) 2715 La Brucherie Rd.		CITY Imperial	STATE ZIP CODE Ca 92251	760-355-2385
Imperial Ca 9:	ZIP CODE AREA CODE/PHONE 92251 760-355-2385	NAME OF ASSISTANT TREASURER, IF ANY	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(O. BOX	MAILING ADDRESS		
CITY STATE ZI	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	DE ÁREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	ESS	
4. Verification Thave used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	owing this statement and to the best of my kno formia that the foregoing is true and correct.	wledge the information contained her	ein and in the attached scheduk	es is true and complete. I certify
Executed on 7-10-12 Executed on Date	By Signature of Con	Signature of Treasurer of Assistantian Controlling Officer bider, Candidate, State Measure Pro	Treasurer Connection of Sponsor	
Executed on Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	ate Measure Proponent	1
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	ate Measure Proponent	FPPC Form 460 (January/0)

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	Attach continuation sheets if necessary	ach continuation	Attı	ZIP CODE AREA CODE/PHONE	STATE ZIP	CITY
- OPPOSE				BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD	CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE			
SUPPORT	OFFICE SOUGHT OR HELD	? CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	I D. NI MARER	OPIE ZI	COMMITTEE NAME
□ SUPPORT □ OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		(Ñ	COMMITTEE ADDRESS
h.	officeholder(s) or candidate(s) for which this committee is primarily formed.	(s) for which this	officeholder(s) or candidate	CONTROLLED COMMITTEE?		NAME OF TREASURER
,				I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	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.	not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.	not included in this staten contributions or make exp
	OPONENT	ANDIDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	istement listantemeters	Not included in this st	Related Committees
oponent, If any.	lling officeholder, candidate, or state measure proponent, if any.	fficeholder, canu	Identify the controlling o	ET) CITY SIATE ZIP	RESS (NO. AND STRE	RESIDENTIAL/BUSINESS ADD 2715 La Brucherie Rd
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	RICT 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	visor District 3	Committee to Re-Elect Michael Kelley, Supervisor District 3	Committee to Re-Elect Michael
	Committee	d Ballot Measure Committee	6. Primarily Formed Bal	nittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Can

Campaign Disclosure Statement Summary Page

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Cash Equivalents and Outstanding Debts 18. Cash Equivalents	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ -0- for this calendar year, only carry over the amounts	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4,931.96 figures that should be subtracted from previous lf this is a termination statement, Line 16 must be zero.	Increases to Cash Schedule I, Line 4	Current Cash Statement 12. Beginning Cash Balance	11. TOTALEXPENDITURES MADE	9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3	SUBTOTAL CASH PAYMENTS	Expenditures Made Schedule E, Line 4 \$ 2,500. \$	CEIVED	3. SUBTOTAL CASH CONTRIBUTIONS	Loans Received Schedule B, Line 3	1. Monetary Contributions Schedule A. Line 3 \$ 198.	Column A Column B TOTALTHIS PERIOD CALENDAR YEAR (FROMATTACHED SCHEDULES) TOTALTODATE	Michael W. Kelley	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE	Curilliary and to whole dollars.
	ar, only	d be revious f this is	o ₩	\ B, add A to the		Date of Election (mm/dd/yy)	22. Cumula	Expenditure Limi Candidates	Made \$_	20. Contributions Received \$		General Elections				through 6/30/12	from5/20/12
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)			*Amounts in this section may be different from amounts reported in Column B.	€9	\$	Total to Date	22. Cumulative Expenditures Made* [If Subject to Voluntary Expenditure Limit)	Limit Summary for State	49	ss	1/1 through 6/30 7/1 to Date		Calendar Year Summary for Candidates Running in Both the State Primary and	1303602	I.D. NUMBER	Page 3 of 5	FORM 400