### Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael W. Kelley

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

	SCHEDULE A	
Statement covers period	CALIFORNIA A CO	
5/20/12	FORM 40U	
6/30/12	4	
hrough	Page of	
	I.D. NUMBER	
	1303602	

						DATE
						FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	SCC STATE OF THE SCC	DDDDD STY STY STY STY STY STY STY STY STY STY	OSCC OSCIONO	□IND □COM □PTY □SCC	OSCC	CONTRIBUTOR CODE *
SUBTOTAL\$						IF AN INDÍVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)
	20					AMOUNT RECEIVED THIS PERIOD
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

## Schedule A Summary

- Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.) ......\$
- 3. Total monetary contributions received this period.

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

198.

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

198.

þ

\*Contributor Codes

### Schedule E

Type or print in ink.

Statement covers period

Payments Made  to whole dollars.  SEE INSTRUCTIONS ON REVERSE	ollars.	from5/20/12 through6/30/12	FORM 460
NAME OF FILER Michael W. Kelley			I.D. NUMBER 1303602
CODES: If one of the following codes accurately describes the payment, you may en CMP campaign paraphemalia/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)*  ND independent expenditure supporting/opposing others (explain)*  PND postage, delivery and m PRO professional services (legal defense  LEG legal defense  LEG legal defense  PRO professional services (legal defense)  PRO professional services (legal defense)	nay enter the code. iications pearances g g y research y and messenger service vices (legal, accounting)	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, lodging, and meals TSF transfer between committees of the same ca VOT voter registration WEB information technology costs (internet, e-mail)	scribe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs tstantiale travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration voter registration
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Frank Wright Middle School Band Uniform Project 885 North Imperial Avenue Imperial, Ca. 92251	FND Donation for Ba	Donation for Band Uniforms and Instruments	\$2,500.
* Payments that are contributions or independent expenditures must also be summ:	be summarized on Schedule D.	BUS	SUBTOTAL\$ \$2,500.
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$2,500.
2. Unitemized payments made this period of under \$100		***************************************	-0-
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	l, Column (e).)	***************************************	-O-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A,	ie Summary Page, Column A	Line 6.) TOTAL \$	\$2,500.

	ste Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed on
	ate Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	8y	Executed on
[ ]	reasurer onent or Responsible Officer of Sponsor	Signature of Tressign or Assistant Treasurer  Signature of Controlling Officeholder, Candidate, State Messure Proponent or Responsible Officer of Sponsor	By Signature of Control	
s is true and complete. I certify	ein and in the attached schedules	wledge the information contained here	this statement and to the best of my kno that the foregoing is true and correct.	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 corfect.
	ESS	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
AREA CODE/PHONE	STATE ZIP CODE	СІТҮ	AREA CODE/PHONE	CITY STATE ZIP CODE
		MAILING ADDRESS	×	MAILING ADDRÉSS (IF DIFFERENT) NO, AND STRÉET OR P.O. BOX
	TREASURER, IF ANY	NAME OF ASSISTANT TREASUR	760-355-2385	CITY STATE ZIP CODE Imperial Ca 92251
760-355-2385	STATE ZIP CODE Ca 92251	CITY Imperial		STREET ADDRESS (NO P.O. BOX)  2715 La Brucherie Rd.
		2715 La Brucherie Rd.		
		NAME OF TREASURER  Judy Kelley	. 3, 2013	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Committee to Re-Elect Michael Kelley, Supervisor Dist. 3, 2013
		Treasurer(s)	1303602	3. Committee Information
		Amendment (Explain below)	(Also Complete Part 6)  Primarily Formed Candidate/  Officeholder Committee  (Also Complete Part 7)	General Purpose Committee  Sponsored Small Contributor Committee Off Political Party/Central Committee
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495			Primarily Formed Ballot Measure Committee  Controlled  Sponsored	☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall [Also Complete Part 5]
	V	2. Type of Statement:	plete Parts 1, 2, 3, and 4.	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4
	RECEIVED BY: ()		12/31/13	SEE INSTRUCTIONS ON REVERSE
Page of of of only		Date of election if applicable: (Month, Day, Year)	Statement covers period 7/1/13	
IFORNIA ORM	Date Stamp FILED REGISTRAR OF VOTERS	<del>)</del> 10	Type or print in ink.	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)

COVER PAGE - PART 2

FORM

	its if necessary	Attach continuation sheets if necessary	Attach	DE AREA CODE/PHONE	STATE ZIP CODE	CITY
					STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	☐ YES ☐ NO		NAME OT INTACONEX
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE			
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	D. NUMBER	li.D	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		(NO	COMMITTEE ADDRESS
t names of d.	Candidate/Officeholder Committee List names of date(s) for which this committee is primarily formed.	date/Officehold or which this comm	Primarily Formed officeholder(s) or candi	CONTROLLED COMMITTEE? 7.	0	NAME OF TREASURER
				I.D. NUMBER	ı	COMMITTEE NAME
: ANY	DISTRICT NO. IF ANY	ļ	OFFICE SOUGHT OR HELD	ment: List any committees are primarily formed to receive dacy.	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committee not included in this state contributions or make ex
	ЙT	DATE, OR PROPONE	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
roponent, If any.	, or state measure pr	sholder, candidate	identify the controlling officeholder, candidate, or state measure proponent, if any.	Ca 922	<u>ŏ</u>	2715 La Brucherie Rd
				Y STATE ZIP	RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY	RESIDENTIAL/BUSINESS ADDRESS (NO. AND
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	Supervisor Imperial
				or Dist. 3	Committee to Re-Elect Michael Kelley, Supervisor Dist. 3	Committee to Re-El
			NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	nittee	Ballot Measure Committee	Primarily Formed	tee 6.	Officeholder or Candidate Controlled Committee	5. Officeholder or Car
of 25	Page 2					

## Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

Summary Page	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/13	Page 3 of 5
NAME OF FILER Michael W. Kelley, Supervisor, Dist. 3			I.D. NUMBER 1303602
Contributions Received	Column A  TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)  CALENDAR YEAR (FROMATTACHED SCHEDULES)		Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 \$ 2. Loans Received Schedule B, Line 3	-ÇÇ-	General Elections	ns 1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS		20. Contributions Received \$ 21. Expenditures Made \$	<b>€9 €9</b>
Expenditures Made  5. Payments Made	1,192.03 \$	Expenditure Limit Candidates	Expenditure Limit Summary for State Candidates
	1,192.03 \$	22. Cumulative (if Subjects)  Date of Election (mm/dd/yy)	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date am/dd/yy) \$
Current Cash Statement  12. Beginning Cash Balance	4771.73 To calculate Column B, add amounts in Column A to the	B, add	€
Increases to Cash	-0- 1192.03 3579.70	O #	*Amounts in this section may be different from amounts reported in Column B.
7. LOAN GUARANTEES RECEIVED Schedule B, Pert 2 \$	-0- for this calendar year, only carry over the amounts	inled arrows arrows arrows arrows	
Cash Equivalents and Outstanding Debts  8. Cash Equivalents See instructions on reverse \$	-Ō-	9 (if	

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above

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

#### Schedule E Payments Made (Continuation Sheet)

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

SCHEDULE E (CONT.)

NAME OF FILER Michael W. Kelley, Supervisor, Dist. 3 from through Statement covers period 7/1/13 12/31/13 CALIFORNIA 460 Page \_\_ 1303602 I.D. NUMBER FORM 4 앜, o,

1,192.03	\$UBTOTAL \$	Schedule D.	*Payments that are contributions or independent expenditures must also be summarized on Schedule D.
\$100.00	Christmas toys for underprivileged children	cvc	Brawley American Citizens Club 890 "B" Street Brawley, Ca. 92227
\$100.00	Scholarships for young Latina girls	cvc	MANA of Imperial Valley 1158 Bloomfield Street Heber, Ca. 92249
\$100.00	Dog Park for Imperial Valley	cvc	Imperial Valley Dog Park City of Imperial 420 South Imperial Ave, Imperial, Ca. 92251
\$892.03	Seeley Park Sports Equipment/Supplies	cvc	Seeley Citizens United P. O. Box 162 Seeley, Ca. 92273
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)
s ne candidate/sponsor	payment, you may enter the code. Otherwise, describe the payment.  RAD radio airlime and production costs meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)  Print ads  RAD radio airlime and production costs returned contributions SAL campaign workers' salaries t.v. or cable airlime and production costs transcribe the payment.  RAD radio airlime and production costs campaign workers' salaries t.v. or cable airlime and production costs transcribe the payment.  RAD radio airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs transcribe the payment.  RAD radio airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs transcribers' salaries t.v. or cable airlime and production costs transcribers' salaries t.v. or cable airlime and production costs transcribers' salaries t.v. or cable airlime and production costs transcribers' salaries t.v. or cable airlime and production costs transcribers' salaries t.v. or cable airlime and production costs transcribers' salaries t.v. or cable airlime and production costs transcribers' salaries t.v. or cable airlime and production costs transcribers' salaries t.v. or cable airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs to campaign workers' salaries t.v. or cable airlime and production costs to campaign wo	payment, you may enter member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads	CODES: If one of the following codes accurately describes the payment, you may e  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundralising events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LT campaign literature and mailings  MBR member communications  MBR member communications  MC office expenses  PET petition circulating  PHO phone banks  POL polling and survey resea  PRO professional services (le

### Schedule E Payments Made

Type or print in ink.
Amounts may be rounded

of		om
CALIFORNIA 460	Statement covers period	State

Fayillelits Made to whole dollars.	ollars.	from 7/1/13	FORM TOO
SEE INSTRUCTIONS ON REVERSE		through 12/31/13 Page	5 of 5
NAME OF FILER Michael W. Kelley, Supervisor, Dist. 3		1.D. NUMB 1303602	1.D. NUMBER 303602
CODES: If one of the following codes accurately describes the payment, you may en CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LT campaign literature and mailings	nay enter the code. ilications ipearances g g y research / and messenger service // and messenger service	Otherwise, describe the payment.  RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals 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)	osts als same candidate/sponsor
NAMÉ AND ADDRESS OF PAYEE (IF COMMITTEE, ALSOENTER ID, NUMBER)	CODE OR DES	DESCRIPTION OF PAYMENT	AMOUNTPAID
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	rized on Schedule D.	\$UBTOTAL	L\$ 1,192.03
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)		€9	1,192.03
2. Unitemized payments made this period of under \$100\$100		\$	þ
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	e Summary Page, Column A,	Line 6.) TOTAL \$	1,192.03

Executed on	4. Verification  (I have used all reasonable diligence in preparing and reviewing this statement and to the best of my leading under penalty of perjury under the laws of the State of California that the foregoing is true and correct executed on 1-9-13  Executed on 1	CITY STATE ZIP CODE	3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  STREET ADDRESS (NO P.O. BOX)  ANILING ADDRESS (NF DIFFERENT) NO. AND STREET OR P.O. BOX	Type of Recipient Committee: All Committees - Corr Officeholder, Candidate Controlled Committee	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE
By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent	cnowledge the information	AREA CODE/PHONE CITY OPTIONAL: FAX /	NAME OF TREASURER  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  NAME OF ASSISTANT 1  MAILING ADDRESS  MAILING ADDRESS	All Committees - Complete Parts 1, 2, 3, and 4.  Ommittee Primarily Formed Ballot Measure Committee  Committee Controlled Sponsored (Also Complete Part i)  Primarily Formed Candidate / Officeholder Committee  (Also Complete Part i)  Primarily Formed Candidate / Officeholder Committee	Type or print in ink.  Statement covers period from 1 -1 -1 2 Date of election if applicable: (Month, Day, Year) through 1 3 -3 1 -1 3
ndidate, State Measure Proponent	contained herein and in the attached schedules is true and complete. I certificate Ashistant Treasurer  State Measure Proporentor Responsible Officer of Sponsor	STATE ZIP CODE AREA CODE/PHO	REASURER, JF ANY	Statement    Quarterly Statement   Special Odd-Year Report   Statement   Supplemental Preelection   Form 410 Termination)   Statement - Altach Form 495   (Explain below)	Date Stamp FILED FILED FILED FILED FORM A 16 (

or office of outside controlled commission				
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	ARREST PROPERTY AND ARREST ARR	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER & APPLICABLE)  THAT IS A SECOND TO S	TROLLEY SUPERVISOR DIST.	BALLOTNO. OR LETTER JURISDICTION	CTION	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	candidate, or state measure p	proponent, if any.
ZIND he DINCHELLE IN THING I'VE CE 1947	חור אפו ונפיר כני ומישטו	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	R PROPONENT	
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.	Itement: List any committees or are primarily formed to receive ididacy.	OFFICE SOUGHT OR HELD	DISTRICT NO IF /NY	E / NY
COMMITTEE NAME	I.D. NUMBER			Last to the same of the same o
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed	red Candidate/Officeholder Committee List names of andidate(s) for which this committee is primarily formed.	ist names of red.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	OX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE ZIP (	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	Suppose
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	E OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	[] SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	30X)			Annual of the state of the stat
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	Attach conti	Attach continuation sheets if necessary	

# Car

Type or print in ink.

FPPC Toll-Free Helpline: 856/ASK-FPPC (856/275-377/		Babove \$	19. Outstanding Debts Add Line 2+Line 9 in Column B above
	from Lines 2, 7, and 9 (If any).	8 essenas.	Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse
	for this calendar year, only carry over the amounts	Part 2 \$	17. LOAN GUARANTEES RECEIVED Schedule B.
	figures that should be subtracted from previous period amounts. If this is	ine 15 \$ 4,641.46	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.	corresponding amounts from Column B of your last report. Some amounts in Column A may be negative	above 340, —	14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments
*	To calculate Column B, add amounts in Column A to the	ine 16 \$ 4 931.96	
#			Current Cash Statement
\$	<b>€</b>	9+10 \$ 240,-	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
Date of Election (mm/dd/yy)		Line 3 — 0 —	9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 10. Nonmonetary AdjustmentSchedule C. Line 3
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	49	56+7 \$ <del>240.</del>	
Expenditure Limit Summary for State Candidates	<b>с</b> я	ا ا	Expenditures Made  6. Payments Made Schedule E, Line 4
21. Expenditures \$ \$	<b>ω</b>	13+4 \$ 0	TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4  TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4  TOTAL CONTRIBUTIONS RECEIVED
20. Contributions Received \$ \$		1+2 \$	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date		65	Loans Received Schedule B, Line 3
General Elections		,	N
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B  CALENDAR YEAR TOTAL TO DATE	COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
1.D. NUMBER 1.30.3603		アンチン	Michael W. Kelley Supervis
2-31-12 Page 3 of 4	through 1		SEE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	fro	to whole dollars.	Summary Page
OOMINGO		Amounts may be rounded	Campaign Discreame Statement

#### Schedule E Payments Made

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

	through 13-31-12	from 7-1-12	Statement covers period
I.D. NUMBER	Page L of L	FORM 400	CALIFORNIA A CHEDUL

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

MANA Schiolarship Fundraise CVC S S S \* 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, describe the payment. Ted Tax 10# 263347038 Denetary campalgn paraphernalia/misc civic donations contribution (explain nonmonetary) campaign consultants campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)\* fundraising events candidate filing/ballot fees しいつからい r-torm bivision NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER) 70 OFC. MIG R office expenses meetings and appearances member communications polling and survey research postage, delivery and messenger services petition circulating professional services (legal, accounting) phone banks CVC CMP TVO CODE givis / ad in program. Government Code Sec. 84101.5 Tickets for fundraising disher oon atien Payment Pursuant DESCRIPTION OF PAYMENT 77 P 컹 垣 SAL voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airlime and production costs campaign workers' salaries returned contributions radio airtime and production costs information technology costs (internet, e-mail) SUBTOTAL \$ 2100, AMOUNT PAID シャグ 90. 205

### Schedule E Summary

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

340,-

14D,

ယု SEE INSTRUCTIONS ON REVERSE (Government Code Sections 84200-84216.5) Cover Page Campaign Statement Recipient Committee Officeholder, Candidate Controlled Committee Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Committee Information Verification 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 CITY under penalty of perjury under the laws of the State of California that the foregoing is true and correct. STREET ADDRESS (NO P.O. BOX) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX Imperial Committee to Re-Elect Michael Kelley, Supervisor Dist. 3, 2013 2715 La Brucherie Rd. General Purpose Committee Sponsored
Small Contributor Committee
Political Party/Central Committee (Also Complete Part 5) State Candidate Election Committee
 Recall Executed on Executed on Executed on. Executed on Date Date STATE STATE Ca 92251 ZIP CODE Primarily Formed Ballot Measure ZIP CODE I.D. NUMBER Primarily Formed Candidate/ ControlledSponsored Officeholder Committee (Also Complete Part 6) Committee (Also Complete Part 7) through 6/30/13 from Statement covers period 1/1/13 760-355-2385 AREA CODE/PHONE AREA CODE/PHONE Type or print in ink. Signature of Controlling Officeholder, Candidate, State Measure Proponen Signature of Controlling Officeholder, Candidate, State Measure Proponent Date of election if applicable: Ņ OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS Judy Kelley NAME OF TREASURER Treasurer(s) Imperial 2715 La Brucherie Rd Preelection Statement
Semi-annual Statement Type of Statement: (Month, Day, Year) Amendment (Explain below) Termination Statement (Also file a Form 410 Termination) Proposed or Responsible Officer of Sponsor REGISTRAR OF VOTERS JUL 16 2013 FILED Date Stamp FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) STATE STATE Ca 92251 ZIP CODE ZIP CODE Supplemental Preelection Statement - Attach Form 495 Special Odd-Year Report Quarterly Statement Page \_\_\_ CALIFORNIA FORM For Official Use Only 760-355-2385 AREA CODE/PHONE AREA CODE/PHONE <u>و</u> در COVER PAGE

CALIFORNIA 460
FORM 2 of 5

CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF TREASURER  COMMITTEE ADDRESS  STREET ADDRESS (NO P.O. BOX)		COMMITTEE NAME    In Name   AREA CODE/PHONE   COMMITTEE NAME   COMMITTEE N	MITTÉE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEE?	COMMITTEE NAME	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.		RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  2715 La Brucherie Rd. Imperial Ca. 92251	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Supervisor, Imperial County, Dist. 3	Committee to Re-Elect Michael Kelley, Supervisor Dist. 3	NAME OF OFFICEHOLDER OR CANDIDATE	Officeholder or Candidate Controlled Committee
Attach continuation	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	identify the controlling officeholder, car	BALLOT NO. OR LETTER JURISDICTION		NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	ceholder Committee List nan		DISTRICT NO. IF ANY	ROPONENT	Illng officeholder, candidate, or state measure proponent, if any.	ON SUPPORT OPPOSE			Committee

# ampaign Disclosure Statement

Type or print in ink.

Amounts may be rounded

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Sum mary Page	amounts may be rounded to whole dollars.	State from 1/	Statement covers period 1/1/13	CALIFORNIA 460
E INSTRUCTIONS ON REVERSE		through	6/30/13	Page 3 of 5
Michael W. Kelley, Supervisor, Dist. 3				I.D. NUMBER 1303602
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidate Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$ \$ \cdot \c		scuo	1/1 through 6/30 7/1 to Date
Nonmanetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED	\$ -0-		21. Expenditures Made \$	υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ
Xpenditures Made  Payments Made Schedule E, Line 4  Lote 18 Made Schedule H, Line 3	\$ 150.00 \$		Expenditure Limit S Candidates	Limit Summary for State
	\$ 150.00		22. Cumulative	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
1. No in shetary Adjustment			Date of Election (mm/dd/yy)	Total to Date
A REPORT OF A 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1				<b>∀</b>
Urren Cash Statement  Beginning Cash Balance Previous Summery Page, Line 16  Court Seceipts Column A, Line 3 above	\$ 4,691.96 To a	To calculate Column B, add amounts in Column A to the		φ
Missingeous Increases to Cash Schedule I, Line 4     Column A, Line 8 above	130.18 from	corresponding amounts from Column B of your last report. Some amounts in	*Amounts in this section ma reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
II. ENDING CASHBALANCE	\$ 4,672.14 figu sub peri	figures that should be subtracted from previous period amounts. If this is	=	
7. LC 38 JUARANTEES RECEIVED Schedule B, Part 2	\$ -0- for carr	for this calendar year, only carry over the amounts	<b>*</b>	
ash Equivalents and Outstanding Debts d. েলাক quivalents See instructions on reverse		from Lines 2, 7, and 9 (if any).		
3. ( utilise iding Debts Add Line 2 + Line 9 in Column 8 above	6		FPPC Toll-Free Helpline	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### **Payments Made** Schedule E

NAME OF FILER

Michael W. Kelley, Supervisor, Dist. 3

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

Statement covers period Page 4 FORM 460 I.D. NUMBER SCHEDULEE

1303602

through 6/30/13

from 1/1/13

CODES: If one of the following codes accurately describes the payment, you may enter the code. Other	ou may ent	er the code. Ot	herwise, describe the payment.	
CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  MBR member community  MTG meetings and app  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey  postage, delivery  PRO professional servi  PRT print ads	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	ts on costs pals meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER))	CODE	OR .	DESCRIPTION OF PAYMENT	AMOUNT PAID
Imperial Valley Suns Track Club 686 Yucca Dr. El Centro, Calif. 92243	FND	Fundraiser for Imperia Detroit for competition	Fundraiser for Imperial High School Track Team to go to Detroit for competition	\$100.00
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.	arized on S	chedule D.	SUBT	SUBTOTAL \$ \$100.00
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)			* <b>\$1</b> 00.00	\$100.00
2. Unitemized payments made this period of under \$100				\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	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,	he Summar	y Page, Column	Line 6.)	<b>\$</b> \$150.00