Schedule I Miscellaneous Increases to Cash

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

6/11/13 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michael W. Kelley, Supervisor, Dist. 3 DATE RECEIVED Attach additional information on appropriately labeled continuation sheets Registrar of Voters, 940 W. Main St., Rm. 206, El Centro, Calif. 92243 FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Refund on Candidate Statement fee for June 5, 2012 Election DESCRIPTION OF RECEIPT through 6/30/13 from Statement covers period 1/1/13 SUBTOTAL \$ CALIFORNIA FORM Page 4 1303602 i.D. NUMBER \$130.18 AMOUNT OF INCREASE TO CASH 5

Schedule | Summary

1. Itemized increases to cash this period.

\$130.18

þ þ

- 2. Unitermized increases to cash of under \$100 this period......\$
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)(e).)

TOTAL \$ \$130.18 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

| | | te Stamp |
|-----------|------|----------------|
| Page 1 of | FORM | CALIFORNIA 460 |

| | from 1/1/14 | (Monun, Day, real) | JUL 3 1 2014 | For Official Use Only | te Only |
|--|---|--|-----------------|---|--------------------------------|
| SEE INSTRUCTIONS ON REVERSE | through 6/30/14 | | IMPERIAL COUNTY | 200 | |
| 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 | plete Parts 1, 2, 3, and 4 | 2. Type of Statement: | | | |
| Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) (Also Complete Part 5) (Also Complete Part 5) (Also Complete Part 5) | Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) | □ Preelection Statement ▼ Semi-annual Statement □ Termination Statement □ Amendment (Explain below) | 000 | Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 | 19 5 |
| General Purpose Committee Sponsored Small Contributor Committee Of Small Contributor Committee (A4) | Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7) | | | | |
| 3. Committee Information | 1303602 | Treasurer(s) | | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Re-Elect Michael Kelley, Supervisor District 3, 2014 | ict 3, 2014 | NAME OF TREASURER Judy A. Kelley | | | |
| | | MAILING ADDRESS 2715 La Brucherie Rd. | | | |
| STREET ADDRESS (NO P.O. BOX) 2715 La Brucherie Rd. | | CITY Imperial | STATE Ca | ZIP CODE AREA 92251 760-35 | AREA CODEPHONE 760-355-2385 |
| CITY STATE ZIP CODE Ca 92251 | AREA CODE/PHONE 760-355-2385 | NAME OF ASSISTANT TREASURER, IF ANY | R, IF ANY | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX |)X | MAILING ADDRESS | | | |
| CITY STATE ZIP CODE | DE AREA CODE/PHONE | CITY | STATE Z | ZIP CODE AREA | AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRESS | SS | | |
| | | | | | |

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 | Executed on | 7/30/14 Executed on |
|--|--|---|
| By Signature of Controlling Officeholder, Candidate, State Measure Proponent | By Signature of Controlling Officeholder, Candidate, State Measure Proponent | By All Signature of Treasurer or Assistant Treasurer By Signature of Controlling Officeholder, Candidate, Stat Measure Proponent or Responsible Officer of Spons |

| CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary | COMMITTEE ADDRESS (NO P.O. BOX) | ONTROLLED COMMITTEE? NAME OF OFFICEHOLDER OR CANDIDATE PES NO | COMMITTEENAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGH | CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGH | COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGH | EDC | COMMITTEE NAME I.D. NUMBER | Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. | 2715 La Brucherie Rd., Imperial, Ca. 92251 | Supervisor, Imperial County, Dist. 3 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state measure proponent, if any. | Committee to Re-Elect Michael Kelley, Supervisor Dist. 3 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION | NAME OF OFFICEHOLDER OR CANDIDATE | Officeholder or Candidate Controlled Collimites |
|---|---------------------------------|---|---|--|--|-----------------------------------|----------------------------|---|--|--|--|-----------------------------------|---|
| ation sheets if necessary | | OFFICE SOUGHT OR HELD | OFFICE SOUGHT OR HELD | OFFICE SOUGHT OR HELD | OFFICE SOUGHT OR HELD | t names of officeholder(s) or can | | DISTRICT NO. IF ANY | ROPONENT | ndidate, or state measure pro | | | |
| | | SUPPORT OPPOSE | SUPPORT OPPOSE | SUPPORT OPPOSE | SUPPORT OPPOSE | didate(s) for | | YW | | ponent, if any. | SUPPORT | | |

Campaign Disclosure Statement Summary Page

Type or prii Amounts may

| dollars. | be rounded | nt in ink. |
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SUMMARY PAGE

| Summary Page | to whole dollars. | fro | Statement covers period 1/1/14 | FORM 460 |
|---|--|---|--|--|
| ARE INSTRUCTIONS ON REVERSE | | through | 6/30/14 | Page 3 of |
| NAME OF FILER | | | | I.D. NUMBER |
| Michael W. Kelley, Dist. 3 | | | | 1303602 |
| Contributions Received | COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | COLUMN B CALENDAR YEAR TOTAL TODATE | Calendar Year Summary for Candidates Running in Both the State Primary and General Elections | nary for Candidates State Primary and |
| Monetary Contributions | φ φ | 4 | ons . | 1/1 through 6/30 7/1 to Date |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ \$ | G G | | 60 60 |
| Expenditures Made Schedule E, Line 4 6. Payments Made Schedule H, Line 3 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 150.00 \$ 150.00 | м м | Expenditure Limit S Candidates 22. Cumulative | re Limit Summary for State s Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) |
| 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3 | þ þ | | Date of Election (mm/dd/yy) | Total to Date |
| II. IOIAE EXPENDITORES MADE | | | | (|
| Current Cash Statement 12. Beginning Cash Balance | \$ 3579.70 | To calculate Column B, add amounts in Column A to the | | (A (A |
| Miscellaneous Increases to Cash | 150.00 | corresponding amounts from Column B of your last report. Some amounts in Column A may be negative | | en en |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15. If this is a termination statement, Line 16 must be zero. | | subtracted from previous period amounts. If this is | | ₩ |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | -0- | for this calendar year, only carry over the amounts | *Since January 1, 2001. A | Since January 1, 2001. Amounts in this section may be |
| Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse | \$ -0- | from Lines 2, 7, and 9 (if any). | omerent nom amounts reported in Column o | olied ii Column b. |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | -0- | | FPPC Tol | FPPC Form 460 (June/01) FPPC Toil-Free Helpline: 866/ASK-FPPC |

Schedule E Payments Made (Continuation Sheet)

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

SCHEDULE E (CONT.)

CALIFORNIA

FORM

Statement covers period

1/1/14

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Hothille, Imperioral County cooperative * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 080 Michael W. Kelley, Dist. 3 civic donations contribution (explain nonmonetary)" candidate filing/ballot fees campaign consultants campaign paraphernalia/misc campaign literature and mailings independent expenditure supporting/opposing others (explain)* fundraising events legal defense ितः प्रश्लेखक NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) EXTENSION REPOSE PROPERTY OF THE PROPERT meetings and appearances member communications office expenses petition circulating print ads postage, delivery and messenger services professional services (legal, accounting) polling and survey research CODE 000 4-H Club Exhibit DESCRIPTION OF PAYMENT SAP AP Moskasa from through information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions radio airtime and production costs voter registration t.v. or cable airtime and production costs 6/30/14 SUBTOTAL \$ 1303602 1.D. NUMBER Page ... AMOUNT PAID ď 100.00 100.00

| 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 1-26-15 By Stateward Controlling Disception State Measure Proposed or Responsible Officer of Sponsor. By Stateward Controlling Disception State Measure Proposed or Responsible Officer of Sponsor. | MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS | Istrict 3, 2015 ODE AREA CODE/PHONE 760-355-2385 | O Political Party/Central Committee I.D. NUMBER Treasurer(s) | Ballot Measure Ballot Measure Preclection Statement Preclection Statemen | Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) Statement covers period from 7/1/14 Type or print in ink. Date Stamp Cover Page (Month, Day, Year) JAN 2 6 2015 SEE INSTRUCTIONS ON REVERSE |
|--|---|---|---|--|--|
| nd in the attached sched | | STATE Ca | | 000 | JAN 2 6 2015 |
| ules is true and complete. I certify | CODE AREA CODE/PHONE | 00DE ARÉA CODE/PHONE 760-355-2385 | | Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 | COVER PAGE CALIFORNIA 460 FORM Page 1 of 4 For Official Use Only |

| | necessary | on sheets h | Attach continuation sheets if necessary | Attec | ODE AREA CODE/PHONE | STATE ZIP CODE | СПҮ |
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| | | | | | OX) | STREET ADDRESS (NO P.O. BOX) | COMMITTEE ADDRESS |
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | OFFICE SC | ;ANDIDATE | NAME OF OFFICEHOLDER OR CANDIDATE | CONTROLLED COMMITTEE? | 11 | NAME OF TREASURER |
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | OFFICE SC | ;ANDIDATE | NAME OF OFFICEHOLDER OR CANDIDATE | IC. NOMBER | | COMMITTEE NAME |
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | OFFICE SC | ;ANDIDATE | NAME OF OFFICEHOLDER OR CANDIDATE | ODE AREA CODE/PHONE | STATE ZIP CODE | CHY |
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | OFFICE SC | :ANDIDATE | NAME OF OFFICEHOLDER OR CANDIDATE | (a | STREET ADDRESS (NO P.O. BOX) | COMMITTEE ADDRESS |
| names of | Candidate/Officeholder Committee List names of date(s) for which this committee is primarily formed. | eholder C | for which this | 7. Primarily Formed Candidate/Officeholder Committee List a officeholder(s) or candidate(s) for which this committee is primarily formed. | CONTROLLED COMMITTEE? | | NAME OF TREASURER |
| | | | | | I.D. NUMBER | | COMMITTEE NAME |
| ANY | DISTRICT NO. IF ANY | | 12 | OFFICE SOUGHT OR HELD | terine it. List any committees or are primarily formed to receive didacy. | Related Collimittees 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. | not included in this states contributions or make ex |
| | | OPONENT | DIDATE, OR PRO | NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | Pomport. List and committees | Not included in this state | Dolated Committee |
| ponent, if any. | state measure pro | didate, or s | ceholder, can | identify the controlling officeholder, candidate, or state measure proponent, if any. | ET) CITY STATE ZIP Imperial, Ca. 92251 | ESS (NO. AND STRE | RESIDENTIAL/BUSINESS ADDR 2715 La Brucherie Rd., |
| SUPPORT | 0 % | ž | JURISDICTION | BALLOTNO. OR LETTER | T NUMBER IF APPLICABLE) | OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Supervisor, Imperial County, Dist. 3 | OFFICE SOUGHT OR HELD (INCLUDE LOCATION Supervisor, Imperial County, Dist. 3 |
| | | | | | or Dist. 3 | Committee to Re-Elect Michael Kelley, Supervisor Dist. 3 | Committee to Re-Ele |
| | | | | NAME OF BALLOT MEASURE | | OR CANDIDATE | NAME OF OFFICEHOLDER OR CANDIDATE |
| | Φ | Committe | Ballot Measure Committee | 6. Primarily Formed Ballot | | Officeholder or Candidate Controlled Committee | . Officeholder or Can |

Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

| Summary Page | Amounts may be rounded to whole dollars. | State | Statement covers period | CALIFORNIA 460 |
|---|--|---|---|--|
| | | from | //1/14 | FORM |
| BEE INSTRUCTIONS ON REVERSE | | through | 12/31/14 | Page 3 of 4 |
| WAME OF FILER | | | | I.D. NUMBER |
| Michael W. Kelley, Dist. 3 | | | | 1303602 |
| Contributions Received | Column A TOTAL THIS PERIOD (FROMAT TACHED SCHEDULES) | COLUMN B CALENDAR YEAR TOTALTODATE | Calendar Year Sumi Running in Both the | Calendar Year Summary for Candidates Running in Both the State Primary and |
| Monetary Contributions | -0- -0- \$ | | 1/1 th | 1/1 through 6/30 7/1 to Date |
| 2. Loans Received Schedule 8, Line 3 | , o | | 20. Contributions | |
| Nonmonetary Contributions Se | • | | | S |
| CEIVED | \$ -0- | | Made \$ | ⇔ |
| Expenditures Made | | | Expenditure Limit S | Limit Summary for State |
| Payments Made | \$ 150.00 \$ | | Candidates | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 150.00 \$ | | 22. Cumulativ | Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) |
| 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 | -0- | | Date of Election | Total to Date |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | -0- | | (mm/dd/yy) | |
| 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 | \$ 150.00 \$ | | | €9 |
| Current Cash Statement | 2420 70 | 9,00 | | 69 |
| 12. Beginning Cash Balance Previous Summary Pege, Line 16 | | To calculate Column B, add amounts in Column A to the | | |
| reases to Cash | - | corresponding amounts from Column B of your last | *Amounts in this section m | *Amounts in this section may be different from amounts reported in Column B. |
| Cash Payments | 3279 70 | report. Some amounts in Column A may be negative | | |
| If this is a termination statement, Line 16 must be zero. | pe su | subtracted from previous period amounts. If this is | | |
| 17. LOAN GUARANTEES RECEIVED Schedule 8, Parl 2 | \$O_ for ca | for this calendar year, only carry over the amounts | | |
| Cash Equivalents and Outstanding Debts | fro an | from Lines 2, 7, and 9 (if any). | | |
| Outstanding Debts Add Line 2 | \$ -0- | | FPPC Toll-Free Heiplin | FPPC Toll-Free Helpline: 868/ASK-FPPC (866/275-3772) |
| | _ | | The Contract sales | id. GOO/MORTHING (GOO/ATS-STA) |

Schedule E

| from 7/1/14 | Statement covers period |
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| | CAL |

| | | | | | | SCHEDULEE |
|---|---|---|--|---|---|---------------------------|
| Schedule E Type or print in Ink. Amounts may be rounded to whole dollars. | t in Ink. be rounded ollars. | | Stater from | Statement covers period 7/1/14 | CALIFORNIA FORM | THE REPORT OF |
| SEE INSTRUCTIONS ON REVERSE | | | through | 12/31/14 | Page 4 | of 4 |
| NAME OF FILER Michael W. Kelley, Dist. 3 | | | | | 1303602 | 72 |
| 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 FIL t.v. or cable airtime and petition circulating FIR phone banks FIR phone banks FIR postage, delivery and may enter the code. Otherwise, describe the payment. RAD radio airtime and product office expenses SAL campaign workers' salar TRS staff/spouse travel, lodging. TRS staff/spouse travel, lodging. | ayment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads | ayment, you may enter the code. Othern member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads | wise, desc RAD radi RFD reit SAL can TEL t.v. TRC can TRS staf TSF trar VOT vott | radio airtime and production costs returned contributions campaign workers' salaries campaign workers' salaries candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration | costs initial costs initial meals of the same | candidate/sponsor ail) |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER) | CODE OR | | DESCRIPTION OF PAYMENT | PAYMENT | | AMOUNT PAID |
| MANA de Imperial Valley 1740 Ross Avenue El Centro, Ca. 92243 | cvc | Fundraiser for you | ng hispanic | Fundraiser for young hispanic women/ad in program | | 100.00 |
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| | ją. | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule | arized on Sc | hedule D. | | SU | SUBTOTAL \$ | 100.00 |
| Schedule E Summary | | | | | | |
| Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100 | | | | | \$ \$ | 50.00 |
| | 1, Column (| e).) | | 10: | 5 • ← | 150.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | he Summar | v Page, Column A, | Line 6.) | .01 | TAL S | 100.00 |

| Campaign Statement Cover Page | Type or print in ank | AK | Date Stame | CALIFORNIA 460 |
|---|--|--|--|--|
| (Government Corte Sections 84/00 8/210 5) | Statement covers period 1/01/15 | Date of election if applicable: (Month, Day, Year) | JUL 1 6 2015 | Page 11 of 4 |
| SEF INSTRUCTIONS ON REVERSE | through 6/30/15 | | IMPERIAL COUNTY REGISTRAR OF VOTERS | |
| 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4 [X] Officeholder, Candidate Controlled Committee () State Candidate Election Charmitee () Primarily Formed () Recipit () Recipit () Sponsored () Sponsored () Sponsored () Sponsored | ea Ballot Measure Committee Ballot Measure Committee O Primarily Formed O Controlled O Sponsored Mea Controlled | 2. Type of Statement: Preelection Statement Statement Termination Statement Amendment (Explain below) | | Quarteriy Statement Special Odd-Year Report Supplemental Production Statement - Altaon Form 495 |
| Seneral Purpose Committee Sponsored Snitall Contributor Committee Pulitical Party/Sected Committee | Primarity Formed Candidate: Officeholder Compilies Ass. Compile Peri 71 | | | |
| 3. Committee Information | I.D. NUMBER 1303602 | Treasurer(s) | es manufer des de manuel des s'els est est de la company de la company de la company de la company de la compa | List bull where chose years as a Charlest vertices well-describe and professional professional controls. |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Re-Elect Michael Kelley, Supervisor District 3, 2015 | сомміттев) pervisor District 3, 2015 | NAME OF TREASURER Judy Kelley MAILING ADDRESS 2715 La Brucherie Rd. | | |
| 2715 La Brucherie Rd. | | CITY Imperial | STATE ZIP COD Ca 92251 | ZIP CODE AREA CODE/PHONE 92251 760-355-2385 |
| OITY STATE ZIP CODE Imperial Ca 92251 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | TE ZIP CODE AREA CODE/PHONE 92251 760-355-2385 ET OR P.O. BOX | NAME OF ASSISTANT TREASURER, IF ANY | ₹, IF ANY | |
| OPTIONAL: FAX / E-MAIL ADDRESS | TE ZIP CODE AREA CODE/PHONE | OPTIONAL: FAX / E-MAIL ADDRESS | STATE | ZIP CODE AREA CODE/PHONE |
| 4. Verification I have used all reasonable diligence in preparing certify under penalty of perjury under the laws Executed on | Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained increasing and principle is the management and correct. Executed on 7-15-15 One Contract of California that the foregoing is true and correct. | y knowledge the information contained and correct. | neces and in the macked | strenular is the and complete |
| Executed on | Wy man construction and the second | Section of the sectio | | Tube Steel Age 1 decrease 1945 |
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| CITY STATE ZIP CODE | NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | COMMITTEE NAME I.D. NUMBER | STATE ZIP CO | COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX) | NAME OF TREASURER CONTR | 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. | ၂령 | Supervisor, Imperial County, Dist. 3 Supervisor, Imperial County, Dist. 3 | OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | NAME OF OFFICEHOLDER OR CANDIDATE Committee to Re-Elect Michael Kelley, Supervisor Dist. 3 | 5. Officeholder or Candidate Controlled Committee |
|---|--|-----------------------------------|----------------------------|--|---|----------------|---|--|--|--|---|---|
| AREA CODE/PHONE | CONTROLLED COMMITTEE? | WBE X | AREA CODE/PHONE | | CONTROLLED COMMITTEE? | NBER | : List any committees marily formed to receive | 923 | STATE ZIP | R IF APPLICABLE) | ω | |
| Attaci | NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF OFFICEHOLDER OR CA | NAME OF OFFICEHOLDER OR CA | 7. Primarily Formed Committee Li which this committee is primarily formed. | | OFFICE SOUGHT OR HELD | Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | | BALLOT NO. OR LETTER | NAME OF BALLOT MEASURE | 6. Ballot Measure Committee |
| Attach continuation sheets if necessary | | | R OR CANDIDATE OFFICE | R OR CANDIDATE OFFICE | nittee List names of | | | eholder, candidate, IDATE, OR PROPONEN | | JURISDICTION | | 99 |
| ts if necessary | OFFICE SOUGHT OR HELD | OFFICE SOUGHT OR HELD | OFFICE SOUGHT OR HELD | OFFICE SOUGHT OR HELD | Committee List names of officeholder(s) or candidate(s) for primarily formed. | | DISTRICT NO IF ANY | or state measure p | | | | |
| | SUPPORT OPPOSE | ☐ SUPPORT | SUPPORT OPPOSE | SUPPOR | andidate(s) for | | F ANY | proponent, if any. | | SUPPORT | | |

Campaign Disclosure Statement Summary Page

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

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| | Statement 4 | |
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| diferent holf emounts reported in Commit b. | from Lines 2, 7, and 9 (if any). | -0- | Cash Equivalents and Outstanding Debts |
| *Since January 1, 2001. Amounts in this section may be | ₹ | -0- | 17 LOAN GUARANTEES RECEIVED |
| \$ | subtracted from previous period amounts. If this is | | If this is a termination statement, Line 16 ma |
| \$ | Column A may be negative figures that should be | \$ 3179.70 | 15 Cash Payments |
| \$ | corresponding amounts from Column B of your last | -0- | 1.1 Miscellineous Ingreases to Cast |
| 49 | To calculate Column B, add amounts in Column A to the | \$ 32/9.70 | Begin |
| \$ | | 2020 20 | Current Cash Statement |
| \$ | 69 | \$ 100.00 | |
| (mm/dd/yy) | | -0- | 9 Accrued Expenses (Onparo bars) |
| netto Voluntary Expenditu | \$ | \$ 100.00 | SUBTOTAL CASH PAYMENTS |
| oo Ormilatio Hyperalitirans Meda. | | | Contract Statement Contract Co |
| Expenditure Limit Summary for State Candidates | | \$ 100.00 | Expenditures Made |
| Made \$\$ | ** | \$ -0- | 5. TOTAL CONTRIBUTIONS RECEIVED |
| ires | 2 | -0- | 4 Normonetary Contributions |
| 20. Contributions Received \$ \$ | S | -0- | 3 SUBTOTAL CASH CONTRIBUTIONS Additions 1-2 |
| 1/1 through 6/30 7/1 to Date | 5 | -0- | Monetary Contributions |
| Running in Both the State Primary and General Elections | # 2 | TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) | Contributions Received |
| Calendar Year Summary for Candidates | | Column A | |
| 1303602 | | | Michael W. Kelley, Dist. 3 |
| l.D. NUMBER | | | OFFICE OF STREET |
| 6/30/15 Page 3 of 4 | through | | |
| 1/01/15 FORM | from | | |

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| SEE INSTRUCTIONS ON REVERSE | | through 6/30/15 | Page 4 of 4 |
| NAME OF FILER | | 1.1 | I.D NUMBER |
| Michael W. Kelley, Dist. 3 | | 13 | 1303602 |
| 9 | es the payment, you may enter the code. | Otherwise, describe the payment. | , |
| CMF campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations | MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating | RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs | n costs |
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| TO SEE THE SECOND SECON | | | |
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| รักษาการ ซีเลม สมา ของมีก็สัตร์อยาย อภาลปะยอกรับหน้ามีของสับเหตุ กะตร์อาร o be summarized on Schedule D. | hestaso be summarized on Schedule D. | SUBTOTAL\$ | TAL \$ |
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TOTAL

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