

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1/1/13
through 6/30/13

**CALIFORNIA
FORM
460**
Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Michael W. Kelley, Supervisor, Dist. 3

I.D. NUMBER
1303602

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
6/11/13	Registrar of Voters, 940 W. Main St., Rm. 206, El Centro, Calif. 92243	Refund on Candidate Statement fee for June 5, 2012 Election	\$130.18
<i>Attach additional information on appropriately labeled continuation sheets.</i>			SUBTOTAL \$

Schedule I Summary

- Itemized increases to cash this period. \$ 130.18
- Unitemized increases to cash of under \$100 this period. \$ -0-
- Total of all interest received this period on loans made to others. (Schedule H, Column (e)). \$ -0-
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 130.18

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp	RECEIVED	CALIFORNIA 460 2001/02 FORM Page <u>1</u> of <u>4</u> For Official Use Only
Statement covers period from <u>1/1/14</u> through <u>6/30/14</u>	Date of election if applicable: (Month, Day, Year) JUL 31 2014	
IMPERIAL COUNTY		REGISTRAR OF VOTERS

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
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- 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, 2014

Treasurer(s)
Judy A. Kelley

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

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

NAME OF TREASURER
Judy A. Kelley

MAILING ADDRESS
2715 La Brucherie Rd.

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

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 7/30/14 Date

By Judy A. Kelley Signature of Treasurer or Assistant Treasurer

Executed on 7/30/14 Date

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

Executed on _____ Date

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Committee to Re-Elect Michael Kelley, Supervisor Dist. 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. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period
from 1/1/14
through 6/30/14

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley, Dist. 3

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ -0-	\$
2. Loans Received	Schedule B, Line 3 -0-	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ -0-	\$
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ -0-	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 150.00	\$
7. Loans Made	Schedule H, Line 3 -0-	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 150.00	\$
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 \$ 150.00	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 3579.70	\$
13. Cash Receipts	Column A, Line 3 above -0-	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 150.00	
15. Cash Payments	Column A, Line 8 above 3429.70	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$	\$

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ -0-	\$
18. Cash Equivalents	See instructions on reverse \$ -0-	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ -0-	\$

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

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

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**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 1/1/14 through 6/30/14	CALIFORNIA FORM 460
Page 4 of 4	I.D. NUMBER 1303602

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley, Dist. 3

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL 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 | TSE 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 (# COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Inspirational Gallery Bldg. IMPERIAL COUNTY COOPERATIVE EXTENSION 1050 E. HOLTON RD Holtsville, Ca. 92350	CVC		4-H Club Exhibit	100.00

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

SUBTOTAL \$ 100.00

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp		CALIFORNIA FORM 460 For Official Use Only
Statement covers period from 7/1/14 through 12/31/14	Date of election if applicable: (Month, Day, Year)	
JAN 26 2015 ELECTRONIC STATE OF CALIFORNIA		Page 1 of 4

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

- Officeholder Candidate Controlled Committee
- State Candidate Election Committee
- Recall *(Also Complete Part 5)*
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee *(Also Complete Part 7)*
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored *(Also Complete Part 6)*

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement *(Also file a Form 410 Termination)*
- Amendment *(Explain below)*
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 Committee to Re-Elect Michael Kelley, Supervisor District 3, 2015

Treasurer(s)

NAME OF TREASURER
 Judy Kelley

STREET ADDRESS (NO P.O. BOX)
 2715 La Brucherie Rd.
 CITY Imperial STATE Ca ZIP CODE 92251 AREA CODE/PHONE 760-355-2385

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS
 2715 La Brucherie Rd.
 CITY Imperial STATE Ca ZIP CODE 92251 AREA CODE/PHONE 760-355-2385

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 1-26-15 Date
 Executed on 1-26-15 Date
 Executed on _____ Date
 Executed on _____ Date

By Judy Kelley Signature of Treasurer or Assistant Treasurer
 By Michael Kelley Signature of Controlling Officeholder Candidate, State Measure Proprietor or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proprietor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proprietor

Signature of Controlling Officeholder, Candidate, State Measure Proprietor
 Signature of Controlling Officeholder, Candidate, State Measure Proprietor

**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 Dist. 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, Dist. 3

Statement covers period from 7/1/14 through 12/31/14	CALIFORNIA FORM 460	Page 3 of 4
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 \$ -0-	\$
2. Loans Received	Schedule B, Line 3 -0-	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ -0-	\$
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ -0-	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 150.00	\$
7. Loans Made	Schedule H, Line 3 -0-	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 150.00	\$
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 \$ 150.00	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 3429.70	
13. Cash Receipts	Column A, Line 3 above -0-	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 150.00	
15. Cash Payments	Column A, Line 8 above 3279.70	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$	

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ -0-	
18. Cash Equivalents	See instructions on reverse \$ -0-	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ -0-	

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Schedule E
Payments Made**

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

Statement covers period
from 7/1/14
through 12/31/14
Page 4 of 4
I.D. NUMBER
1303602

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley, Dist. 3

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OWP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (# COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MANA de Imperial Valley 1740 Ross Avenue El Centro, Ca. 92243	CVC		Fundraiser for young hispanic women/ed in program	100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 100.00**

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 100.00
- Unitemized payments made this period of under \$100 \$ 50.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 150.00**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 42000-42015.5)

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/01/15
through 6/30/15

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

RECEIVED
JUL 16 2015
IMPERIAL COUNTY
REGISTRAR OF VOTERS

CALIFORNIA
2014/02
FC-RM
460

Page 1 of 4
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
- Use Complete Part 3*
- General Purpose Committee
- Sponsor
- Special Contributor Committee
- Political Party/Caucus Committee
- Ballot Measure Committee
- Primary Formed
- Controlled
- Sponsored
- Use Complete Part 3*
- Primary Formed Candidate
- Offholder Committee
- Use Complete Part 3*

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, 2015

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

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
Judy Kelley

MAILING ADDRESS
2715 La Brucherie Rd.

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

NAME OF ASSISTANT TREASURER, IF ANY _____

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

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 on the attached appendices is true and correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-15-15
Date

Executed on 7-15-15
Date

By Judy A. Kelley
By Michael W. Kelley

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Committee to Re-Elect Michael Kelley, Supervisor Dist. 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. 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 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.

Statement covers period
from 1/01/15 through 6/30/15

CALIFORNIA FORM 460

Page 3 of 4

I.D. NUMBER 1303602

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Michael W. Kelley, Dist. 3

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ -0-	\$ -
2. Loans Received	Schedule B, Line 3 -0-	-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ -0-	\$ -
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 1 + 2 + 4 \$ -0-	\$ -

Expenditures Made

6. Payments Made	Schedule D, Line 4 \$ 100.00	\$ -
7. Loans Made	Schedule E, Line 4 -0-	-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 100.00	\$ -
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 4 -0-	-
10. Nonmonetary Adjustment	Schedule G, Line 4 -0-	-
11. TOTAL EXPENDITURES MADE	Add Lines 6 + 7 + 9 + 10 \$ 100.00	\$ -

Current Cash Statement

12. Beginning Cash Balance	From US Summary Page, Line 16 \$ 3279.70	\$ -
13. Cash Receipts	From Schedule A, Line 3, Addend -0-	-
14. Miscellaneous Increases to Cash	Schedule C, Line 4 100.00	\$ -
15. Cash Payments	Column A, Line 8, Addend 3179.70	\$ -
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15 \$ 3179.70	\$ -

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule G, Part 2 \$ -0-	\$ -
18. Cash Equivalents	See attachments on reverse -0-	\$ -
19. Outstanding Debts	Add Line 2, Line 9 on Column B, Addend -0-	\$ -

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
\$ -	/ /	\$ -
\$ -	/ /	\$ -
\$ -	/ /	\$ -
\$ -	/ /	\$ -

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

