COVERPAGE - PART 2
CALIFORNIA 460
FORM

	ets if necessary	Attach continuation sheets if necessary	Attach	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
CPPOSE				OX)	STREET ADDRESS (NO PO. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		2000年 一大の名のの大作人
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE			
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER	I.D.	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NOT	COMMITTEE ADDRESS
ndidate(s) for	s of officeholder(s) or can	Committee List name is primarily formed.	7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?	20	NAME OF TREASURER
				ID. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	tement: List any committees or are primarily formed to receive sidecy.	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 Commit not included in this contributions or make
	ENT	NDATE, OR PROPON	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			į
oponent, if any.	e, or state measure pr	eholder, candidat	Identify the controlling officeholder, candidate, or state measure proponent, if any.	CITY STATE ZIP Brawley CA 92227	ADDRESS (NO. AND STREET)	RESIDENTIAL BUSINESS 448 Russell Road
OPPOSE					Imperial County Board of Supervisor Dist. #4	Imperial County
SUPPORT		JURISDICTION	BALLOT NO, OR LETTER	OT NUMBER IF APPLICABLE)	Ryan Kelley OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	Ryan Kelley OFFICE SOUGHT OR I
			NAME OF BALLOT MEASURE	1. 0.0 mm/s. 10.1	LDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
		lee	6. Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	i. Officeholder or
of 18	Page 2					

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Summary Page	to whole dollars.		Statement covers period January 1, 2012	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through.	March 22, 2012	Page 3 of 18
NAME OF FILER RVan Kellev				ID NUMBER
	Column A	Column B	Calendar Year Sumi	mary for Candidates
ontributions Received	TC (FROM)	0 -	Calendar Year Summary for Candidate Running in Both the State Primary and General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions	0.00	\$ 0.00	1/1 th	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	\$ 5749.00	\$ 5749.00	20. Contributions Received \$	5749.00 \$
4. Nonmonetary Contributions	\$ 5749.00	\$ 5749.00	21. Expenditures Made \$	3491.57 \$
Expenditures Made Schedule E. Line 4 7. Loans Made	\$ 3491.57 0.00	\$ 3491.57 0.00	Expenditure Limit Summary for State Candidates	ummary for State
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills)	\$ 3491.57 0.00 0.00	\$ 3491.57 0.00 0.00	22. Cumulative (If Subject to \ Date of Election (mm/dd/vr)	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date inf/dd/vy)
11. TOTAL EXPENDITURES MADE	\$ 3491.57	\$ 3491.57		₩
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page Line 16 13. Cash Receipts Column A Line 3 above	\$ 0.00	To calculate Column B, add amounts in Column A to the		← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←
14. Miscellaneous Increases to Cash Schedule I. Line 4 15. Cash Payments Column A Line 8 above	0.00 3491.57	corresponding amounts from Column B of your last report. Some amounts in		\$
16. ENDING CASH BALANCE	\$	figures that should be subtracted from previous period amounts. If this is		← ←
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2	\$ 0.00	the lifst report being filed 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	\$ 0.00	from Lines 2, 7, and 9 (if any).	different from amounts reported in Column B	orted in Column B.
19. Outstanding Debts	\$ 0.00		FPPC Toll	FPPC Form 460 (June/01 FPPC Toll-Free Helpline: 866/ASK-FPPC

Monetary Contributions Received Schedule A

NAME OF FILER

Ryan Kelley

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period January 1, 2012

from _

March 22, 2012

through

CALIFORNIA FORM

SCHEDULE A 460

Page __ 약

8

LD. NUMBER

45-4359780

(Add Lines		2 Amount rec	 Amount rec (Include all 	Schedule /		3/7/12	2/28/12	2/10/12	2/10/12	1/26/12	DATE RECEIVED
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	3. Total monetary contributions received this period.	Amount received this period — unifernized contributions of less than \$100	Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	Schedule A Summary		John & Theresa Wiest 408 Russell Road Brawley, CA 92227	Michael and Elayne Doran PO Box 1445 Brawley, CA 92227	Badlands Provisions, Inc. 551 West Main St. Brawley, CA 92227	Charles E. Rhoades 2207 Pepper Drive El Centro, CA 92243	Ann Kelley Elmore 333 Andrita Pl Brawley, CA 92227	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)
nn A, Line 1.)	-	m \$ 100				DOTH SCC	DOTH SCC	COM SCC	Mind COM OTH PTY	DOTH SCC	CONTRIBUTOR CODE *
IOIAL \$		e ·	€		\$UBTOTAL	Farmer Self Employed	Retired		Assistant Administrator El Centro Regional Medical Center	Retired	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
	5749 00	99.00	5650.00		3500.00	2500.00	200.00	200.00	100.00	500.00	AMOUNT RECEIVED THIS PERIOD
FPF	PTY – Political Party SCC – Small Contrib	OTH - Other	ND-Individual	*Contributor Codes		2000.00	200.00	200.00	100.00	500.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)
FPPC Form 460 (June/	PTY – Political Party SCC – Small Contributor Committee	Other than PTY or SCC)	IND – Individual COM – Recipient Committee	codes							PER ELECTION TO DATE (IF REQUIRED)

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

Statement covers period

CALIFORNIA

460

SCHEDULE A (CONT.)

NAME OF FILER Ryan Kelley DATE RECEIVED 3/14/12 3/7/12 3/7/12 3/19/12 3/9/12 FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR Malcolm & Karen Kelley Brawley, CA 92227 Evelyn Lamat 212 W. Imperial Ave. Calipatria, CA 92233 Raul Navarro Brawley, CA 92227 Ryan Kelley 367 Russell Road Brawley, CA 92227 379 Terrace Circle 633 Terrace Circle Greg & Michele Smith 448 Russell Road Brawley, CA 92227 CONTRIBUTOR OCC PTY SCC DSCC PTY SCC OTH MODE NO NEW YEAR SCC PTY SCC DOTH OTH ON O □SCC □SCC Director of Safety El Centro Regional Retired Medical Center & Real Estate Smith-Kandal Insurance Partner Instructor Retired IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ from AMOUNT RECEIVED THIS through PERIOD 1000.00 100.00 1500.00 100.00 200.00 100.00 January 1, 2012 March 22, 2012 CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) 1000.00 100.00 200.00 100.00 100.00 Page_ 45-4359780 I.D. NUMBER FORM PER ELECTION TO DATE (IF REQUIRED) 앜

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received	Amounts may be rounded to whole dollars.	be rounded bllars.	Statement covers period from January 1, 2012	."	CALIFORNIA 460
				through March	March 22, 2012	Page 6 of 18
NAME OF FILER						ID NUMBER
Ryan Kelley						45-4359780
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (1F COMMITTEE ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	DATE PER ELECTION AR TO DATE (IF REQUIRED)
3/19/12	Smith-Kandal Real Estate PO Box 5 Brawley, CA 92227	□COM □SCC □SCC		250.00	250.00	.00
3/20/12	Carl Russell PO Box 2234 El Paso, TX 79951	MIND COM OTH SCC	Retired	200.00	200.00	.00
3/20/12	James & Patricia Barnabee 499 Sycamore Dr. Brawley, CA 92227	MIND COM OTH PTY SCC	Farmer Self Employed	100.00	100.00	.00
3/20/12	J.G. Enriquez 1634 E. Main St. Brawley, CA 92227	□ND IND IND IND IND IND IND IND I	Owner Brawley Trailer Supply	100.00	100.00	.00
3/20/12	Misc. Contributions under 100.00	□ ind □ com □ PTY □ SCC		99.00	99.00	.00
			\$UBTOTAL	650.00		

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

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			-				SCHE	SCHEDULE B - PART 1
Schedule B – Part 1 -oans Received	Am	Amounts may be rounded to whole dollars.	s.	-	Statement covers period from January 1, 2012	ent covers period January 1, 2012	CALIFORNIA FORM	460
FF INSTRUCTIONS ON REVERSE				=	through March 22,	22, 2012	Page 7	of 18
IAME OF FILER							1D NUMBER	
Ryan Kelley		THE STATE OF THE S					-43	59780
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TODATE
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
TO IND COM COTH PTY SCC		\$	S	S	DATEDUE	Š	DATE INCURRED	
				PAID				CALENDAR YEAR
				S	47	RATE %	\$	PER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		8	S	5	DATEDUE	S	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				S	tn	RATE		PER ELECTION**
[†] ⊓ ND		57	\$		DATEDUE	s	DATE INCURRED	5
		SUBTOTALS	S		4	₩		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans less than \$100.)	less than \$100.)		6.25	 &	0.00		*Amounts forgiven or paid another party also must be	*Amounts forgiven or paid by another party also must be
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100	paid or forgiven.)			&s	0.00		reported on Schedule A. ** If required.	ochedule A
(Include loans paid by a third party that are also itemized on Schedule A.)	are also itemized on Sche	dule A.)						
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. 	2 from Line 1.)/ Page, Column A, Line 2.			NET \$	0.00 (May be a negative number)			
Line are more and on any continue								

IND - Individual † Contributor Codes

COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule B - Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

from_ Statement covers period January 1, 2012

through March 22, 2012

of 18

I.D NUMBER Page 2 CALIFORNIA 460 SCHEDULE B - PART 2

														3			FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (#FCOMMITTEE, ALSO ENTER ID, NUMBER)	Ryan Kelley
	□scc	OTH PTY	COM		□scc	□ PTY] 5	□scc	□PTY	HIO		□scc	OTH PTY	COM		CONTRIBUTOR CODE	
																	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEF-EMPLOYED ENTER NAME OF BUSINESS)	
SUBTOTAL		DATE	ENDER			DATE	LENDER			DATE		LENDER		DATE		LENDER	LOAN	
\$ 0.00								:									AMOUNT GUARANTEED THIS PERIOD	
Enter on Summary Page, Line 17 only	\$	PER ELECTION (IF REQUIRED)	5	CALENDAR YEAR	S	(IF REQUIRED)	SPER ELECTION	CALENDAR YEAR	S	(IF REQUIRED)	PER ELECTION	CALENDAR YEAR	s l	PER ELECTION (IF REQUIRED)	S	CALENDAR YEAR	CUMULATIVE TODATE	45.4
																	BALANCE OUTSTANDING TODATE	45.4359780

Nonm Schedule C

Type or print in ink.

Amounts may be rounded

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Nonmonetary Contributions Received	to whole dollars.	from	Statement covers period January 1, 2012	california 460	^ 460
SEE INSTRUCTIONS ON REVERSE		thr	through March 22, 2012	Page 9	of 18
NAME OF FILER				I D. NUMBER	
Ryan Kelley				45-4359780	59780
DATE ZIP CODE OF CONTRIBUTOR RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE * CODE * (IF SRIF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ CL FAIR MARKET CA VALUE (J	CUMULATIVE TO PER DATE CALENDAR YEAR (IF	PER ELECTION TODATE (IF REQUIRED)
N/A	□ IND □ COM □ COM □ PTY □ SCC				
	□ IND □ COM □ PTY □ SCC				
	□ IND □ COM □ PTY □ SCC				
	□IND □COM □PTY □SCC				
Attach additional information on appropriately labeled continuation sheets	led continuation sheets.	SUBTOTAL \$	0.00		
Schedule C Summary 1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	tions of \$100 or more.		0.00	*Contributor Codes IND – Individual COM – Recipient Committee	lite e
 Amount received this period – unitemized nonmonetary contributions of less than \$100 Total nonmonetary contributions received this period. 	ary contributions of less than \$100	6	0.00	OTH - Other PTY - Political Party SCC - Small Contributor Committee	Committee

0.00

Total nonmonetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$.

Summary of Expenditures Candidates, Measures and Committees Supporting/Opposing Other Schedule D

NAME OF FILER

Ryan Kelley

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period January 1, 2012

CALIFORNIA 460 SCHEDULED

from . through March 22, 2012 Page _ I.D. NUMBER FORM 0 앜

												DATE
	□ Support □			□ Support □				☐ Support ☐			N/A	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE
	Oppose			Oppose				Oppose				AND DISTRICT, OR AND JURISDICTION, E
		Nonmonetary Contribution	☐ Monetary Contribution	Expenditure	Contribution	Nonmonetary	☐ Monetary Contribution	Expenditure	Independent	Nonmonetary	Monetary Contribution	TYPE OF PAYMENT
\$ SUBTOTAL)) *		DESCRIPTION (IF REQUIRED)
0.00												AMOUNT THIS PERIOD
												CALENDAR YEAR (JAN. 1 - DEC. 31)
					S-San							TO DATE (IF REQUIRED)

Schedule D Summary

2. Unitemized contributions and independent expenditures made this period of under \$100\$100..... 1. Contributions and independent expenditures made this period of \$100 or more, (Include all Schedule D subtotals.)\$

0.00

0.00

- 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$

Schedule D Candidates, Measure Supporting/Opposing Summary of Expendi (Continuation Sheet)

NAME OF FILER

Ryan Kelley

DATE

NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE

TYPE OF PAYMENT

DESCRIPTION (IF REQUIRED)

AMOUNT THIS PERIOD

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC 31)

PER ELECTION TO DATE (IF REQUIRED)

N/A

☐ Support

☐ Oppose

Independent Contribution

Expenditure

Nonmonetary

Monetary

Contribution

☐ Support

☐ Oppose

Expenditure Independent Nonmonetary

Contribution

Monetary

Nonmonetary Contribution

Contribution

Independent

Expenditure

Support

Oppose

Support

Oppose

☐ Independent

Expenditure

Contribution

| Monetary Contribution Nonmonetary

Monetary

Contribution

	s and confinees	g Other	tures Am	
			Amounts may be rounded to whole dollars.	Speed bringing.
	through March 22, 2012	from January 1, 2012	Statement covers period	
I.D NUMBER	Page // of 18	FORM 400	CALIFORNIA A CO	SCHEDOLE D (CONL)

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SUBTOTAL \$

Schedule E Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

from through Statement covers period January 1, 2012 March 22, 2012 Page **CALIFORNIA** LD. NUMBER FORM 4

> 460 SCHEDULE

00

CVC CNS CNS CNS CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment Ryan Kelley campaign paraphernalia/misc MBR member communications RF A radio airtime and production costs 45-4359780

candidate filing/ballot fees contribution (explain nonmonetary)* campaign consultants independent expenditure supporting/opposing others (explain)* fundraising events 필유통 petition circulating office expenses meetings and appearances phone banks

8 8 P

civic donations

与尼

legal defense

campaign literature and mailings

postage, delivery and messenger services professional services (legal, accounting) polling and survey research 펄 SAL 5 TSF TRS 컹 information technology costs (internet, e-mail) voter registration campaign workers' salaries transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals t.v. or cable airtime and production costs returned contributions staff/spouse travel, lodging, and meals

County of Imperial 940 W. Main Street, Ste. 202 Brawley, CA 92227 940 W. Main Street, Ste. 202 County of Imperial El Centro, CA 92243 535 E. Street Frank Salazars El Centro, CA 92227 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) + 000 CMP \exists F S Filing Fee Candidate Statement DESCRIPTION OF PAYMENT AMOUNT PAID 2000.00 350.00 523.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

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

SUBTOTAL\$

2873.00

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

FPPC Toll-Free Helpline: 866/ASK-FPPC FPPC Form 460 (June/01)

TOTAL \$

3491.57

69 69 60

0.00

3405.03 86.54

Schedule E Payments Made (Continuation Sheet)

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

SCHEDULE E (CONT.)

(Continuation Sheet)	Iype or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA A CO
	to whole dollars.	from January 1, 2012	FORM 400
SEE INSTRUCTIONS ON REVERSE		through March 22, 2012	Page 13 of 18
NAME OF FILER			I.D NUMBER
Ryan Kelley			45-4359780
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment	payment, you may enter the code. Otherv	wise, describe the payment.	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D		Imperial Printers 184 S. Plaza Brawley, CA 92227	Imperial Printers 184 S. Plaza Brawley, CA 92227	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CMP campaign paraphernatia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundratising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings
also be summarized on Schedule D		СМР	CMP	CODE	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads
),				OR DESCRIPTION OF PAYMENT	RAD RFD SAL TEL TRC TRS Senger services TSF J. accounting) VEB
SUBTOTAL \$				YMENT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travet, lodging, and meals staff/spouse travet, lodging, and meals rransfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
532.03		331.53	200.50	AMOUNT PAID	candidate/sponsor

Accrued Expenses (Unpaid Bills) Schedule F

NAME OF FILER

Ryan Kelley

SEE INSTRUCTIONS ON REVERSE

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

from through Statement covers period January 1, 2012 March 22, 2012

> CALIFORNIA FORM

I D NUMBER Page. 45-4359780 12

크변목록 CVC CVC CNS QN summarized on Schedule D. Payments that are contributions or independent expenditures must also be N/A CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign consultants campaign paraphernalia/misc. civic donations contribution (explain nonmonetary)* campaign literature and mailings fundraising events candidate filing/ballot fees legal defense independent expenditure supporting/opposing others (explain)* NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D NUMBER) PROS PF OFC M 凸 MBR CODE OR DESCRIPTION OF PAYMENT office expenses member communications professional services (legal, accounting) postage, delivery and messenger services meetings and appearances polling and survey research phone banks petition circulating print ads SUBTOTALS \$ BALANCE BEGINNING OF THIS PERIOD (a) OUTSTANDING 40 AMOUNT INCURRED TRS 헗戸 SAL RFO RAD Ş THIS PERIOD information technology costs (internet, e-mail) staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs voter registration transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs campaign workers' salaries returned contributions € 49 (ALSO REPORT ON E) (c)
AMOUNT PAID
THIS PERIOD BALANCE AT CLOSE OF THIS PERIOD OUTSTANDING 0

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)......
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitermized payments on accrued expenses under \$100.)PAID TOTALS \$

INCURRED TOTALS \$

0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

FPPC Toll-Free Helpline: 866/ASK-FPPC FPPC Form 460 (June/01)

May be a negative number

0.00

Accrued Expenses (Unpaid Bills) Schedule F (Continuation Sheet)

NAME OF FILER

Ryan Kelley

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

from.

through Statement covers period January 1, 2012 March 22, 2012 ID NUMBER **CALIFORNIA** Page 15 FORM SCHEDULE F (CONT.) **460** 18

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. member communications radio airtime and production costs

PP CVC CHB CNS 크윤롱 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. civic donations contribution (explain nonmonetary)* campaign consultants campaign literature and mailings candidate filing/ballot fees legal defense independent expenditure supporting/opposing others (explain)* fundraising events 필용증 2 office expenses print ads postage, delivery and messenger services professional services (legal, accounting) polling and survey research phone banks petition circulating meetings and appearances information technology costs (internet, e-mail) t.v. or cable airtime and production costs voter registration candidate travel, lodging, and meals campaign workers salaries transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals returned contributions

		N/A	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)
SUBTOTALS \$			CODE OR DESCRIPTION OF PAYMENT
0.00			(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD
\$ 0.00 \$			(b) AMOUNT INCURRED THIS PERIOD
\$ 0.00 \$			(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)
\$ 0.00			(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

Payments Made by an Agent or Independent Schedule J Contractor (on Behalf of This Committee)

SEE INSTRUCTIONS ON REVERSE

Ryan Kelley

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

Statement covers period January 1, 2012

from

through

March 22, 2012

CALIFORNIA FORM 460

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I.D. NUMBER 45-435-9780

NAME OF AGENT OR INDEPENDENT CONTRACTOR

두등등 CVC CNS CNS N A 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 campaign literature and mailings civic donations campaign paraphernalia/misc legal defense contribution (explain nonmonetary)* campaign consultants independent expenditure supporting/opposing others (explain)* fundraising events candidate filing/ballot fees NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 결정증 몽 필원 MG වි print ads professional services (legal, accounting) petition circulating office expenses meetings and appearances member communications postage, delivery and messenger services polling and survey research phone banks COOR 유 DESCRIPTION OF PAYMENT TSF VOT 정 SAF VAS radio airtime and production costs information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals campaign workers' salaries returned contributions staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

independent contractor as reported on Schedule E. * Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or

Payments received on loans ... 1. Loans made this period Schedule H Summary also be reported on Schedule E. must also be summarized on Schedule D. Loans forgiven must *Loans that are contributions to another candidate or committee NA NAME OF FILER Schedule H SEE INSTRUCTIONS ON REVERSE Loans Made to Others* (Total Column (c) plus unitemized payments less than \$100.) FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (Total Column (b) plus unitemized loans less than \$100.) Ryan Kelley (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) OUTSTANDING
BALANCE
BEGINNING THIS SUBTOTALS PERIOD Amounts may be rounded Type or print in ink. to whole dollars. AMOUNT LOANED THIS PERIOD REPAYMENT OR FORGIVENESS THIS PERIOD* ☐ PAID PAID ☐ FORGIVEN ☐ FORGIVEN 3 49 OUTSTANDING BALANCE AT CLOSE OF THIS through Statement covers period DATE DUE DATE DUE PERIOD January 1, 2012 March 22, (Enter (e) on Schedule 1, Line 3) (e) INTEREST RECEIVED 2012 RATE KATE 0.00 0.00 DATE INCURRED Page_ DATE INCURRED ORIGINAL AMOUNT OF LOAN I.D NUMBER **CALIFORNIA** 45-4359780 **FORM** 17 **If Required (9) CUMULATIVE LOANS TO DATE CALENDAR YEAR CALENDAR YEAR 잋 PERELECTION** PER ELECTION** SCHEDULE H 460

..... NET \$ (May be a negative number)

0.00

ω

Net change this period. (Subtract Line 2 from Line 1.).....

(Enter the net here and on the Summary Page, Column A, Line 7.)

Schedule I

Type or print in ink.

SCHEDULE I

Miscellaneou	Miscellaneous Increases to Cash Amu	Amounts may be rounded	Statement covers period	CALIFORNIA A ?
		to whole gonars.	from January 1, 2012	FORM 400
SEE INSTRUCTIONS ON REVERSE	N REVERSE		through March 22, 2012	Page 18 of 18
NAME OF FILER				I.D. NUMBER
Ryan Kelley				45-435-9780
DATE	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	DES	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	N/A			
				*1
Attach additiona	Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL \$	0.00

Schedule I Summary

- 1. Increases to cash of \$100 or more this period......\$
- 2. Unitemized increases to cash 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.) TOTAL \$

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

\$

\$

0.00 0.00 0.00

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

1			Ву	Executed on
1	te Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	c)	Date
	State Measure Proponent or Responsible Officer of Sponsor	ogramen contourgemeenoder, bagdidate, State Measure Prop	By	Executed on
	easurer	Signature of freasurer of Assistant freasurer	By Sonature of Con	Executed on May 24, 2012
ĺ			By Sparatre	Executed on May 24, 2012
s is true and complete. I certify	in and in the attached schedules	weldge the information contained here	this statement and to the best of my kno that the foregoing is true and correct.	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.
8	SS	OPTIONAL FAX / E-MAIL ADDRESS		Verification
760-344-2212	CA 92227	wley		
	ĺ	510 West Main Street	AREA CODE/PHONE	CITY STATE ZIP CODE
		MAILING ADDRESS	×	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
		r Brandt	71	
160-344-2212	TREASURER IF ANY	SSISTANT	AREA CODE/PHONE	CITY STATE ZIP CODE
	141	Sirawley		448 Russell Road
		510 West Main Street		STREET ADDRESS (NO PO. BOX)
			ct 4	Committee to Elect Ryan Kelley Supervisor District 4
		Greg Smith		i a
		NAME OF TREASURER		COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
		Treasurer(s)	45-4359780	3. Committee Information 45
			Also Complete Part 7)	O Political Party/Central Committee
			Primarily Formed Candidate/ Officeholder Committee	Sponsored Prince Offi
		Amendment (Explain below)	Nocombined rand)	se Committee
Supplemental Preelection Statement - Attach Form 495		(Also file a Form 410 Termination)	Sponsored	te Part 5)
Special Odd-Year Report	Special	Semi-annual Statement	Committee	 ○ State Candidate Election Committee ○ Recall
Quarterly Statement			Primarily Formed Ballot Measure	mittee
		2. Type of Statement:	Complete Parts 1, 2, 3, and 4.	1. Type of Recipient Committee: All Committees - Com
	RECEIVED BY:	June 5, 2012	through May 24, 2012	SEE INSTRUCTIONS ON REVERSE
For Official Use Only	MAI 24 2012	Date of election if applicable: (Month, Day, Year)	Statement covers period from March 23, 2012	
`				(Government Code Sections 84200-84216.5)
CALIFORNIA 460	Date StampILED REGISTRAR OF VOT	ink.	Type or print in ink	Campaign Statement Cover Page
COVER PAGE		1		Recipient Commit

1 certify

CALIFORNIA 460

Page 2 of 26

CITY STATE	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	COMMETICE INAME	CITY	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER	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.	448 Russell Road	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Imperial County Board of Supervisor District 4	Ryan Kelley	NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or Candidate Controlled Committee
ZIP CODE AREA CODE/PHONE	CONTROLLED COMMITTEE? YES NO	I.O. NOMBER	ZIP CODE AREA CODE/PHONE		CONTROLLED COMMITTEE?	ID NUMBER	s Statement: List any committees you or are primarily formed to receive ur candidacy.	Brawley CA 92227	CITY STATE ZIP	otate number in Africable)			
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		PULL TAY ON ELISEN		NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	sholder Committee List names of committee is primarily formed.		DISTRICT NO. IF ANY	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		SUPPORT			ommittee

Campaign Disclosure Statement Summary Page

Type or print in ink.

SUMMARY PAGE

Summary Page	Amounts may be rounded to whole dollars.	Stater from	Statement covers period March 23, 2012	FORM 460
SEE INSTRUCTIONS ON REVERSE		through .	May 24, 2012	Page 3 of 36
NAME OF FILER Ryan Kelley				I.D. NUMBER 45-4359780
Contributions Received	COlumn A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
	\$ 15,470.00 \$	21,219.00	neral Election	ns 1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 15,470.00 \$ 0 \$ 15,470.00 \$	21,219.00 0 21,219.00	20. Contributions Received \$2 21. Expenditures Made \$1	21,219.00 \$ 18,175.55 \$
Expenditures Made 6. Payments Made Schedule E. Line 4	\$ 14,684.18 \$	18,175.55	Expenditure Limit S Candidates	Limit Summary for State
SUBTOTAL CASH PAYMENTS Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment TOTAL EXPENDITURES MADE	\$ 14,684.18 \$ 0 0 14,684.18 \$	18,175.55 0 18,175.55	22. Cumulative (If Subject to Charle of Election (mm/dd/yy)	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date nm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 2,257.43 To am			⇔
14. Miscellaneous Increases to Cash Schedule I. Line 4 15. Cash Payments	14,684.18 rep 3,043.25 figures		*Amounts in this section m reported in Column B	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2	\$ 0 for car	the linst report being filed for this calendar year, only carry over the amounts		
- 10	ı .	Lines 2, 7		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0		FPPC Toll-Free Helplin	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink.

SCHEDULE A.

Monetary (Monetary Contributions Received	to v	Amounts may be rounded to whole dollars.	Statement covers period from March 23, 2012	3, 2012	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE	IS ON REVERSE			through May 2	May 24, 2012	Page 4 of AG	<u>'</u>
NAME OF FILER						D NUMBER	
Ryan Kelley	y					45-4359780	
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)	DATE PER ELECTION AR TODATE 31) (IF REQUIRED)	
3/23/12	James & Patricia Barnebee 499 Sycamore Drive Brawley, CA 92227	SCC	Farmer Self-employed	100.00	200.00	ŏ	
3/29/12	Lawrence Cox Ranches PO Box 301 Brawley, CA 92227	□ ND □ COM □ PTY □ PTY	Farmer Self-employed	500.00			}
3/30/12	Smith-Kandal Real Estate PO Box 5 Brawley, CA 92227	□IND □COM ØOTH □SCC		250.00	500.00)O	12
4/02/12	Charles & Doris Pate 396 West Allen Street Brawley, CA 92227	D SCC	Retired Imperial Irrigation Dist.	100.00	æ		
4/02/12	John & Gloria Singh 607 Russell Road Brawley, CA 92227	DCC DCOM DOTH DSCC	Retired	150.00			
			\$UBTOTAL	1,100.00			Cale.

3. Total monetary contributions received this period.

Schedule A Summary

Amount received this period – itemized monetary contributions.

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

(include all Schedule A subtotals.)\$

15,470:00 0

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

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

	04/12/12 Carl R. Russell PO Box 2234 El Paso, TX 79951	4/12/12 James & Louella McNeal 4/14 W. Elm Avenue Burbank, CA 91506	04/05/12 Ryan Childers PO Box 3102 El Centro, CA 92244	04/05/12 Thomas & Tracy Rutherford 207 West I Street Brawley, CA 92227	04/02/12 William L. Brandt PO Box 118 Brawley, CA 92227	DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED	Ryan Kelley	NAME OF SILED	
	ZIND COM DOTH DSCC	Zind □com □oth □scc	Dcom Doth Scc	Zind □com □pty □scc	□ SCC	OF CONTRIBUTOR CONTRIBUTOR CODE *			to whole dollars
\$UBTOTAL	Commercial Real Estate Self-employed	President Schaefer Gold Cross Ambulance	Attorney Self-employed	Farmer Self-employed	Farmer Self-employed	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			dollars.
2,100.00	200.00	500.00	250.00	150.00	1,000.00	AMOUNT RECEIVED THIS PERIOD		through May 2	from March 23, 2012
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	1 D NUMBER 45-435978	May 24, 2012 Page.	
						PER ELECTION TODATE (IF REQUIRED)	10 NUMBER 45-4359780	5 of 26	FORM 460

IND - Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

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Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

		\$ 950.00	SUBTOTAL\$			
		250.00	Homemaker	OSCC OSCC	Janet B. Elmore PO Box 119 Brawley, CA 92227	4/18/12
1100		250.00		□ PTY	Stephen H. Elmore Company 550 W. Main Street Brawley, CA 92227	4/18/12
		100.00		□ IND □ COM □ PTY □ SCC	Recycle Station 286 W. K Street Brawley, CA 92227	04/18/12
		250.00	Pioneers Memorial Hospital Chief Nursing Officer	©IND □COM □PTY □SCC	Robyn & Arlyn Atadero 220 W. Horne Road El Centro, CA 92243	4/18/12
	20	100.00	Attorney Self-employed	ØIND □COM □OTH □PTY □SCC	Barney Goldstein PO Box 2579 Seal Beach, CA 90740	4/17/12
PER ELECTION YEAR TODATE C. 31) (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	DATE RECEIVED
1.D NUMBER 45-4359780	; ;				y	Ryan Kelley
Page 6 of 26	May 24, 2012	through May 2				
FORM 460	March 23, 2012	fromMarch 23, 2012	ollars.	to whole dollars		

IND - Individual
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Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

		800.00	SUBTOTAL\$			
		100.00	Farmer Self-employed	DOTH SCC	Roy & Jacqueline Motter 398 S. Rio Vista Brawley, CA 92227	4/24/12
		100.00	Farmer Self-employed	DOTH SCC	Robert Shank 295 West J Street Brawley, CA 92227	4/24/12
		100.00	Brownies Diner Self-employed	DOTH MOSCC	Juanita Rebollar 220 S. Rio Vista Brawley, CA 92227	4/24/12
		250.00	Farmer Self-employed	DOTH MOSCC	J. R. Jordan 310 Q W HWY 86 Brawley, CA 92227	04/23/12
		250.00		DSCC DIND	Desert Sky Farms PO Box 119 Brawley, CA 92227	04/18/12
PER ELECTION TODATE (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	DATE RECEIVED
1D NUMBER 45-4359780	45				ЭУ	Ryan Kelley
Page 7 of AC	May 24, 2012 Pa	through May 2	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			NAME OF FILER
CALIFORNIA 460		from March 23, 2012	dollars.	to whole dollars		•

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(other than PTY or SCC)

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Wonetary	Wonetary Contributions Received	to whole dollars,	ollars.	Statement covers period from March 23, 2012 through May 24, 2012		CALIFORNIA 460 FORM Page of 36
NAME OF FILER					=	I D. NUMBER
Ryan Kelley					4:	45-4359780
DATE RECEIVED	FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	F AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TODATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/24/12	Bill & Barbara Colace 449 Sycamore Dr. Brawley, CA 92227	ZZIND	Five Crowns Self-employed	100.00		
4/24/12	Kirk & Denise Smith 676 Terrace Circle Brawley, CA 92227	ZIND COM DOTH SCC	John Elmore Co. grower	100.00		
4/24/12	Steve & Julie Reeves 235 West G Street Brawley, CA 92227	OTH SCC	Homemaker	100.00		
4/24/12	Alice Colace 551 Russell Road Brawley, CA 92227	OCC SCC	Homemaker	100.00		
4/24/12	Joe & Sally Colace 303 S. Terrace Drive Brawley, CA 92227	ØIND □COM □SCC	Five Crowns Self-employed	100.00		
			SUBTOTAL\$	\$ 500.00		

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(other than PTY or SCC)
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Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

	4/24/12	4/24/12	4/24/12	4/24/12	4/24/12	DATE	Ryan Kelley	NAME OF FILER	
	Barbara B. Meyer Farms PO Box 239 Brawley, CA 92227	Steven W. Benson PO Box 239 Brawley, CA 92227	John Benson Farms PO Box 239 Brawley, CA 92227	Bill & Tina Gates 538 Terrace Circle Brawley, CA 92227	Marilyn Davis PO Box 1382 Brawley, CA 92227	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	V		
	DOTH SCC	DOCOM DOCOM	SCC OSC	SCC PTY	SCC SCC	CONTRIBUTOR		1	to whole dollars.
\$ TVLOLAR		Farmer Self-employed		Retired	Homemaker	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			dollars.
850.00	150,00	250.00	250.00	100.00	100.00	AMOUNT RECEIVED THIS PERIOD		through May	from March 23, 2012
						CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	45-2	May 24, 2012 Page.	
			Ş.,			PER ELECTION TO DATE (IF REQUIRED)	LD. NUMBER 45-4359780	of 276	FORM 460

IND - Individual
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(other than PTY or SCC)
OTH - Other (e.g., business entity)
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Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

•		to whole dollars.	oliars.	from March 23, 2012		FORM 460
				through May 24, 2012	<u> </u>	Page 16 of 26
NAME OF FILER						1.D NUMBER
Ryan Kelley					4	45-4359780
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE TO DATE (IF REQUIRED)
4/24/12	Paul Cameron PO Box 1 Brawley, CA 92227	OSCC		500.00		:
4/24/12	Victoria Elmore 351 West H Street Brawley, CA 92227	DOTH SCC	Homemaker	200.00		
4/24/12	Mark & Lydia Clayton PO Box 756 Brawley, CA 92227	©iND □COM □OTH □PTY	Clayton's Inc. Self-employed	500.00		
4/24/12	Howard & Cindy Elmore 290 West I Street Brawley, CA 92227	□ COM □ COM □ OTH □ PTY	Vail Ranches Self-employed	500.00		:
4/24/12	James & Patricia Barnebee 499 Sycamore Drive Brawley, CA 92227	DSCC SCC	Farmer Self-employed	100.00	300.00	0
			\$UBTOTAL	\$ 1,800.00		

SCC - Small Contributor Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party

COM - Recipient Committee

IND - Individual *Contributor Codes

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

	5/01/12	5/01/12	5/01/12	4/27/12	4/26/12	DATE RECEIVED	Ryan Kelley	NAME OF FILER	
	Raymond & Lila O'Connell 648 Marilyn Ave. Brawley, CA 92227	Thomas Gargiulo PO Box 1207 Brawley, CA 92227	Robert B. & Mrs. Robert B. Wilson Jr. 284 West G Street Brawley, CA 92227	Mark Brandt PO Box 118 Brawley, CA 92227	Vance & Anne Mallory PO Box 21 Westmorland, CA 92281	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR			COUNTRACTOR STATES
	DOTH MO	OTH SCC	Dind Scc	QIND COM OTH SCC	SCC SCC	CONTRIBUTOR CODE *			to whole dollars.
SUBTOTAL \$	Farmer Self-employed	Farmer Self-employed	Farmer Self-employed	Farmer William Brandt Ranches	Farmer Self-employed	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)			dollars.
1,150.00	200.00	300.00	300.00	250.00	100.00	AMOUNT RECEIVED THIS PERIOD		through May	Statement covers period from March 23, 2012
		7				CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	1.D 45-	May 24, 2012 Page	
		21				E PER ELECTION TO DATE (IF REQUIRED)	1.0 NUMBER 45-4359780	ge // of 36	california 460

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

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Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

ויוטוופנמוץ	Molletal y Colltibutions Necelyed	to whole dollars.	ollars.	from March 23, 2012		FORM 460
				gh	May 24, 2012 Page	12 of 26
NAME OF FILER Ryan Kelley					10.7	10 NUMBER 45-4359780
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/02/12	Alex Jack PO Box 116 Brawley, CA 92227	OTH	President Jack Brothers	100.00		
5/03/12	Norm Lassey PO Box 1810 Brawley, CA 92227	QIND COM OTH SCC	Retired	100.00		
5/03/12	Steven Nielsen 1238 Quince Street San Mateo, CA 94402-2937	DIND DCOM DTY SCC	Architect El Centro Regional Hospital	250.00		
5/03/12	Seaton Management Corp. 77682 Country Club Dr., Ste. A3 Palm Desert, CA 92211	□IND DCOM DTY SCC		1,000.00		
5/08/12	Michael and Elayne Doran PO Box 1445 Brawley, CA 92227	DOTH SCC	Retired	600.00	800.00	Ş
			\$UBTOTAL\$	2,050.00		E STATE OF THE STA

IND – Individual
COM – Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

		5/22/12	5/16/12	5/15/12	5/15/12	DATE	Ryan Kelley		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Miscellaneous contributions under \$100.00	Lawrence & Mary Frances Fleming 5752 South Russell Road Brawley, CA 92227	CA United Homecare Wrkrs Union Local 4034 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	Gary Mamer Farms 4205 Casey Road Brawley, CA 92227	Sharon Barnebee 620 Marilyn Ave. Brawley, CA 92227	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD HUMBER)	У		
	OSC PTY HONO	DOTH MO	DOTH SCC	OSCO PTY HOLONG	DIND DOTH SCC	CONTRIBUTOR CODE *		;	to whole dollars
\$ SUBTOTAL		Farmer Self-employed		Farmer Self-employed	Cattle feeder Moiola Brothers	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		A SALE OF THE SALE	ollars.
4,170.00	620.00	250.00	3,000.00	200.00	100.00	AMOUNT RECEIVED THIS PERIOD		through May 2	from March 23, 2012
		7.70.00				CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	45-	May 24, 2012 Pag	
188 188 188 188 188 188 188 188 188 188					m	PER ELECTION TODATE (IF REQUIRED)	10. NUMBER 45-4359780	Page 13 of 26	CALIFORNIA 460

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

Type or print in ink. to whole dollars.

March 22	Statement covers per	
Š	per	

SCHEDULE B - PART 1

ND ND IND Schedule B Summary D No Z NAME OF FILER SEE INSTRUCTIONS ON REVERSE Ryan Kelley FULL NAME, STREET ADDRESS AND ZIP CODE
OF LENDER Loans received this period..... Loans paid or forgiven this period Enter the net here and on the Summary Page, Column A, Line 2. (Total Column (b) plus unitemized loans of less than \$100.) (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven.) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) COM MOS MOS H H SH H OH H PTY PTY Scc] SCC scc IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Amounts may be rounded OUTSTANDING
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BEGINNING THIS SUBTOTALS AMOUNT RECEIVED THIS PERIOD 49 AMOUNT PAID OR FORGIVEN THIS PERIOD* ☐ PAID PAID PAID FORGIVEN ☐ FORGIVEN FORGIVEN 0 ↔ 40 (May be a negative number) from through 69 OUTSTANDING
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CLOSE OF THIS DATEDUE DATEDUE DATEDUE PERIOD warch 23, 2012 0.00 0.00 0.00 May 24, 2012 (Enter (e) on Schedule E, Line 3) INTEREST PAID THIS PERIOD RATE RATE % RATE ê poi OTH - Other (e.g., business entity) COM - Recipient Committee IND-Individual †Contributor Codes PTY - Political Party SCC - Small Contributor Committee Page 14 45-4359780 DATE INCURRED DATE INCURRED DATE INCURRED ORIGINAL AMOUNT OF ID NUMBER CALIFORNIA (other than PTY or SCC) LOAN N FORM CONTRIBUTIONS of 276 CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR CUMULATIVE PER ELECTION** PER ELECTION** PER ELECTION* 460 TODATE 9

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*Amounts forgiven or paid by another party also must be reported on Schedule A.

Schedule B - Part 2

Type or print in ink.

SCHEDULE B - PART 2

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01 01/C	Page /5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	through			NAME OF FILED ON KEYERKE
`		May 24, 2012	:			
460	CALIFORNIA FORM	March 23, 2012	from	to whole dollars.		Loan Guarantors
		nent covers period	Staten	Amounts may be something.		

Nonmonetary Contributions Received Schedule C

NAME OF FILER

Ryan Kelley

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

Statement covers period

SCHEDULE C

from_ through March 23, 2012 May 24, 2012 Page 16 10 NUMBER CALIFORNIA FORM 9 20

45-4359780

Attach ad					DATE
Attach additional information on appropriately labeled continuation sheets				N/A	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1 D. NUMBER)
ed continuati	OSCC OSC	□ COM □ PTY □ SCC	OSCC	OTH	CONTRIBUTOR CODE *
ion sheets.					IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)
SUBTOTAL \$					DESCRIPTION OF GOODS OR SERVICES
0.00					AMOUNT/ FAIR MARKET VALUE
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Schedule C Summary

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Amount received this period unitemized nonmonetary contributions of less than \$100	Include all Schedule C subtotals.)	 Amount received this period – itemized nonmonetary contributions.
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3. Total nonmonetary contributions received this period.

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

0.00

0.00

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

Supporting/Opposing Other Summary of Expenditures Schedule D Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ryan Kelley

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

from Statement covers period

SCHEDULE D

March 23, 2012 May 24, 2012 CALIFORNIA FORM Page / 7 45-4359780 IO NUMBER of 276

through

											DATE
	Support Oppose			Support Oppose				Support Oppose		N/A	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
	Expenditure	Nonmonetary Contribution	Monetary Contribution	Expenditure	Contribution	☐ Nonmonetary	☐ Monetary Contribution	Expenditure	Nonmonetary Contribution	Monetary Contribution	TYPE OF PAYMENT
SUBTOTAL \$							ı				DESCRIPTION (IF REQUIRED)
0.00											AMOUNT THIS PERIOD
											CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-0EC 31)
											PER ELECTION TODATE (IF REQUIRED)

Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) 6
- 2. Unitemized contributions and independent expenditures made this period of under \$100\$100 states and independent expenditures made this period of under \$100

0.00

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Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

Ryan Kelley

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

Statement covers period

SCHEDULEE

from through March May 23, 24, 2012 2012 Page 18 CALIFORNIA 45-4359780 D NUMBER FORM 으

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

두 등 등 된 무 C 음 S 2 campaign consultants campaign paraphernalia/misc civic donations contribution (explain nonmonetary)* candidate filing/ballot fees independent expenditure supporting/opposing others (explain)* fundraising events 필원 꾫烙Ь볶 MG G meetings and appearances member communications office expenses professional services (legal, accounting) polling and survey research phone banks petition circulating

campaign literature and mailings

postage, delivery and messenger services

₽RA B SAL returned contributions radio airtime and production costs

恒 R t.v. or cable airtime and production costs campaign workers' salaries candidate travel, lodging, and meals

 $\mathop{\leq}\limits_{1}^{1}\mathop{\chi}\limits_{2}^{2}$ voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule 1699 N. Imperial Avenue 2419 Imperial Business Park Drive Imperial, CA 92251 El Centro, CA 92244 El Centro, CA 92243 Lamar Advertising PO Box 2641 Imperial Valley Press Imperial Valley Living NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER) 000 CMP CMP PRT 유 DESCRIPTION OF PAYMENT SUBTOTAL\$ AMOUNT PAID 2,000.00 560.26 236.00

Schedule E Summary

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2. Unitemized payments made this period of under \$100 ... Itemized payments made this period. (Include all Schedule E subtotals.)..... w €9

4,674.18

10.00 0

2,796.26

Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL €> 14 ,684.18 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Payments Made Schedule E (Continuation Sheet)

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

SCHEDULE E (CON

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Ryan Kelley from. through. Statement covers period March 23, 2012 May 24, 2012 FORM Page 15 45-4359780 I D. NUMBER 01 26

2,/30,/3			
2 205 25	SUBTOTAL \$	Schedule D.	Payments that are contributions or independent expenditures must also be summarized on Schedule D.
2000.00		CMP	Imperial Printers 184 S. Plaza Brawley, CA 92227
250.00		PRT	West Shores News PO Box B Salton City, CA 92275
100.00		FND	Salton Community Services PO Box 5268 Salton City, CA 92275
148.70		CMP	Imperial Printers 184 S. Plaza Brawley, CA 92227
237.05		CMP	Imperial Printers 184 S. Plaza Brawley, CA 92227
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE O	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ne candidate/sponsor	member communications meetings and appearances office expenses petition circulating phone banks posting and survey research postage, delivery and messenger services professional services (legal, accounting) PAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals voter registration WEB information technology costs (internet, e-mail)	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research polling and survey and mess professional services (legal, print ads	MER MIG OFC PALO POL PRO

Payments Made Schedule E (Continuation Sheet)

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

SCHEDULE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment NAME OF FILER Ryan Kelley through. from_ Statement covers period March 23, 2012 May 24, 2012 CALIFORNIA 45-4359780 Page 20 I.D. NUMBER FORM 9.00 J 460

FPPC Form 460 (January/05)	FPPC Fo		
4,151.19	\$ SUBTOTAL	on Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D
150.00		CVC	West Shores Senior Citizens Club PO Box 5214 Salton City, CA 92275
800.00		RAD	KROP Radio PO Box 198 Brawley, CA 92227
2,401.19		CMP	Imperial Printers 184 S. Plaza Brawley, CA 92227
700.00		CMP	Jerry Gauna 1110 Magnolia Street Brawley, CA 92227
100.00		FND	Gridiron Classic PO Box 61 Brawley, CA 92227
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
eandidate/sponsor	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 senger services TSF transfer between committees of the same candidate/sponsor, accounting) VOT voter registration WEB information technology costs (internet, e-mail)	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	CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* FRC postage, delivery LEG legal defense MER member community MER member community MIG meetings and app OFC office expenses PET petition circulating FHO phone banks POL polling and survey LEG legal defense LT campaign literature and mailings

Schedule E Payments Made (Continuation Sheet)

Ryan Kelley

Type or print in ink. to whole dollars.

SCHEDULE E (CO.

CODES: If one of the following codes accurately describes the payment, you may enter SEE INSTRUCTIONS ON REVERSE campaign paraphernalia/misc. REPERTURE NO. Amounts may be rounded the code. Otherwise, from through Statement covers period describe the payment. March 23, 2012 May 24, 2012 CALIFORNIA FORM Page 3/ 45-4359780 I.D. NUMBER ್ಷ 2

\$ 3,538.00	SUBTOTAL \$	
	* Payments that are contributions or independent expenditures must also be summarized on School of	* Payments that are contributions o
1,000.00	PRT	Imperial Valley Press PO Box 2641 El Centro, CA 92243
1,413.00	RAD	KXO Radio 420 W. Main Street El Centro, CA 92243
300.00	PRT	Desert-Review PO Box 1236 Brawley, CA 92227
300.00	CVC	Hidalgo Society 410 S. Cesar Chavez Brawley, CA 92227
525.00	PRT	Holtville Tribune 570 Holt Avenue Holtville, CA 92250
AMOUNT PAID	(IF COMMITTEE, ALSO ENTER ID. NUMBER) CODE OR DESCRIPTION OF PAYMENT	
osts Is same candidate/sponsor	campaign paraphernalia/misc. MBR member communications contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign paraphernalia/misc. MBR member communications MBR member communications MCG meetings and appearances PET petition circulating PHO phone banks POL polling and survey research independent expenditure supporting/opposing others (explain)* PRO postage, delivery and messenger services PRO professional services (legal, accounting) NAME AND ADDESES OF DAVE MBR member communications RAD radio airtime and production costs RED returned contributions SAL campaign workers' salaries TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spous	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralising events IND independent expenditure supporting LEG legal defense LIT campaign literature and mailings

Schedule E Payments Made (Continuation Sheet)

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

SCHEDULE E (CONT.)

CALIFORNIA

Statement covers period

8 <u>B</u> CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, SEE INSTRUCTIONS ON REVERSE Ryan Kelley contribution (explain nonmonetary)* civic donations campaign consultants campaign paraphernalia/misc. candidate filing/ballot fees independent expenditure supporting/opposing others (explain)* fundraising events RR RP REFERENCE SE office expenses member communications meetings and appearances postage, delivery and messenger services polling and survey research phone banks petition circulating WEB VOT 8 from through. describe the payment. staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs t.v. or cable airtime and production costs campaign workers' salaries returned contributions March 23, 2012 May 24, 2012 Page 20 45-4359780 ID NUMBER FORM 01 506 460

campaign literature and mailings

professional services (legal, accounting)

transfer between committees of the same candidate/sponsor

voter registration

legal defense

PRT print ads		WEB information technology costs (internet, e-mail)	-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
American Citizens Club 890 B Street Brawley, CA 92227	FND		300.00
Graffic Industries 535 E Street Brawley, CA 92227	CMP		610.00
Calipatria Chamber of Commerce 150 Park Street Calipatria, CA 92233	FND		250.00
Uribe Printing 2900 Adams St., Ste. A-20 Riverside, CA 92504	CMP		42.98
BUHS Boosters / c/o Jenny Benavides 349 S. Western Avenue Brawley, CA 92227	FND		250.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Schedule D.	\$UBTOTAL \$	1,452.98

Accrued Expenses (Unpaid Bills) Schedule F

CMP campaign paraphernalia/misc

NAME OF FILER

Ryan Kelley

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded Type or print in ink.

SCHEDULL

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. to whole dollars. from_ through. Statement covers period March 23, 2012 May 24, 2012 CALIFORNIA 460 45-4359780 D. NUMBER Page 23 FORM of JG

Schedule F Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		(IF COMMITTEE ALSO ENTER ID NUMBER)	thers (explain)*
	\$ \$\$\$TOTALS		DESCRIPTION OF PAYMENT	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads
	8		 OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	nces sarch ressenger services legal, accounting)
	÷		AMOUNT INCURRED THIS PERIOD	RAD radio airlime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs
	9		AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	S COLL OF STREET
			(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	ts me candidate/sponsor e-mail)

- accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)INCURRED TOTALS \$PAID TOTALS \$
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

 May be a negative number

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

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Accrued Expenses (Unpaid Bills) Schedule F (Continuation Sheet)

NAME OF FILER

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

through_

May 24, 2012

I.D. NUMBER

Page 24

01 006

from_

Statement covers period
March 23, 2012

SCHEDULE F (CONT.)

CALIFORNIA

FORM

		N/A	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER LD NUMBER)	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 fundraising events IND independent expenditure supporting/opposing others (explain)* FQS postage, delivery and me LEG legal defense LIT campaign literature and mailings *Payments that are contributions or independent expenditures must also be summarized on Schedule D. *Payments that are contributions or independent expenditures must also be summarized on Schedule D.
SUBTOTALS \$			CODE OR DESCRIPTION OF PAYMENT	s the payment, you may enter the code. MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads ble summarized on Schedule D.
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0.00			(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	G 2335 G
\$ 0.00			(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	45-4359780 sts ion costs eals meals the same candidate/sponsor ternet, e-mail)

Contractor (on Behalf of This Committee) Payments Made by an Agent or Independent Schedule G

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Ryan Kelley

Type or print in ink.
Amounts may be rounded

to whole dollars.

Statement covers period March 23, 2012

FORM

SCHEDUL

CALIFORNIA 460

May 24, 2012 45-4359780 Page 35 I D. NUMBER 0

through.

0.00	TOTAL* \$				
				tion sheets	Attach additional information on appropriately labeled continuation sheets
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AMOUNT PAID	DESCRIPTION OF PAYMENT	DESCRIPTION	CODE OR		(IF COMMITTEE, ALSO ENTER I.D. NUMBER)
andidate/sponsor	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 candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	I ' I	payment, you may enter the code 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	is the payment, you MBR member communic MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and survey PRO professional serviper PRT print ads	CODES: If one of the following codes accurately describes the payment, you may compaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings *Payments that are contributions or independent expenditures must also be summarized on Schedule D. *Payments that are contributions or independent expenditures must also be summarized on Schedule D.

^{*}Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Loans Made to Others* Schedule H

Statement covers period

SCHEDULE H

Schedule H Summary Z/A NAME OF FILER SEE INSTRUCTIONS ON REVERSE *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. Ryan Kelley FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD, NUMBER) IF AN INDIVIDUAL ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD SUBTOTALS Type or print in ink.
Amounts may be rounded to whole dollars. AMOUNT LOANED THIS PERIOD REPAYMENT OR FORGIVENESS THIS PERIOD* 40 ☐ PAID PAID ☐ FORGIVEN FORGIVEN 0 from OUTSTANDING BALANCE AT CLOSE OF THIS through 69 DATE DUE DATE DUE PERIOD March 23, 2012 May 24, 2012 (Enter (e) on Schedule I, Line 3) (e) INTEREST RECEIVED RATE % RATE % Page 20 DATE INCURRED 45-4359780 DATE INCURRED ORIGINAL AMOUNT OF I.D. NUMBER CALIFORNIA LOAN FORM 0126 (g) CUMULATIVE LOANS CALENDAR YEAR CALENDAR YEAR PER ELECTION** PERELECTION** 460 TODATE

3. Net change this period. (Subtract Line 2 from Line 1.)	Payments received on loans	1. Loans made this period\$ 0.00 (Total Column (b) plus unitemized loans of less than \$100.)
		**If Require

Executed on	Executed on	7.10	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 correcty Executed on 1-10-13 By Have Used 11 February 12 - 13 - 13		OPTIONAL FAX / F.MAII ADDRESS	CITY STATE ZIP CODE	MAILING ADDRESS (IF DIFFERENT) NO AND STREET OF PO BOX	wley	448 RUSSEII ROAD	OFREE ACCRESS (NO P.O. BOX)	מינות אחתות מינות	Committee to Elect Ryan Kelley Supervisor District 4		COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	3. Committee Information 45-43597	ittee	 ○ Sponsored ○ Small Contributor Committee ○ Small Contributor Committee 	General Purpose Committee	e Part 5)	State Candidate Election Committee Committee Control	ommittee 🔲	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4	SEE INSTRUCTIONS ON REVERSE	from	(Government Code Sections 84200-84216.5)	Cover Page	Recipie. Committee
BySimpahu	By Signatur	By Signature of Controlling &	statement and to the best of my knowledge the foregoing is true and correct;			AREA CODE/PHONE		760-351-0407	**************************************						D, NUMBER 45-4359780	(Also Complete Part 7)	Primarily Formed Candidate/ Officeholder Committee	(Auso Complete Per (0)	Sponsored	Controlled	easure	te Parts 1, 2, 3, and 4. 2.	through July 31, 2012	May 25, 2012			Type or print to look.
	Signature of Controlling Officeholder, Candidate, State Measure Proponent	organisms of Treasurer or Assistant Treasurer	the information contained herein	OPTIONAL: FAX / E-MAIL ADDRESS		510 West Main St.	MAILING ADDRESS	Jennifer Brandt	Brawley	CITY	510 West Main St.	MAILING ADDRESS	Greg Smith	NAME OF TREASURER	Treasurer(s)				 (Also file a Form 410 Termination) 		Preelection Statement	Type of Statement:	June 5, 2012	(Month, Day, Year)			
	easure Proponent	ssurer or Assistant i reasurer State Measure Proponent or Responsible Officer of Sponsor	and in the attached schedul		CA	STATE ZIP CODE		AZZ	CA 92227	STATE ZIP CODE											Ouarl		RECEIVED BY:	JUL 2 4 2012		REGISTRAR OF VOT	Date Stamp
ď	đ		es is true and complete. I certify		71	DDE AREA CODE/PHONE			71	AREA CODE/PHONE									Supplemental Preelection Statement - Attach Form 495	Special Odd-Year Report	Quarterly Statement			or Official L	Page 1 of 18	FORM	CALIFORNIA

Summary Page Campaign Disclosure Statement

NAME OF FILER

Ryan Kelley

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

Statement covers period

S...MARY PAGE

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE Contributions Received 11. TOTAL EXPENDITURES MADE 10. Nonmonetary Adjustment **Expenditures Made** 14 Miscellaneous Increases to Cash **Current Cash Statement** Cash Payments..... 13. Cash Receipts 12. Beginning Cash Balance...... 18. Cash Equivalents... Cash Equivalents and Outstanding Debts 17. LOAN GUARANTEES RECEIVED 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14. then subtract Line 15 Monetary Contributions Loans Made Payments Made Nonmonetary Contributions... SUBTOTAL CASH CONTRIBUTIONS Loans Received Accrued Expenses (Unpaid Bills) SUBTOTAL CASH PAYMENTS TOTAL CONTRIBUTIONS RECEIVED If this is a termination statement, Line 16 must be zero Previous Summary Page, Line 16 See instructions on reverse Column A. Line 8 above Column A. Line 3 above Add Lines 8 + 9 + 10 Schedule E, Line 4 Schedule C. Line 3 Schedule B. Line 3 Schedule A. Line 3 Schedule H. Line 3 Schedule C. Line 3 Schedule F. Line 3 Schedule B. Part 2 Schedule I. Line 4 Add Lines 1 + 2 Add Lines 6 + 7 Add Lines 3 + 4 69 69 TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) Column A 2,549.00 2,549.00 2,549.00 5,592.45 Ç 5,592.45 3,043.45 5,592.45 ,592.45 ,549.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 carry over the amounts for this calendar year, only the first report being filed period amounts. If this is subtracted from previous figures that should be Column A may be negative report. Some amounts in from Column B of your last corresponding amounts amounts in Column A to the To calculate Column B, add from Lines 2, 7, and 9 (if Column B
CALENDAR YEAR
TOTAL TO DATE 23,768.00 23,768.00 23,768.00 23,768.00 23,768.00 23,768.00 0.00 0.00 0.00 0.00 0.00 from through Running in Both the State Primary and Calendar Year Summary for Candidates ExpendituresMade 20 **General Elections** Expenditure Limit Summary for State May 25, 2012 reported in Column B. Candidates Amounts in this section may be different from amounts July 31, 2012 Contributions Received Date of Election (mm/dd/yy) Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 23,768.00 23,768.00 Page 45-4359780 ID NUMBER ယ Total to Date 7/1 to Date 으 28

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19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

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

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Schedule A (Continuation Sheet) **Monetary Contributions Received**

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars. from. through Statement covers period. May 25, 2012 July 31, 2012 45-4359780 Page _ CALIFORNIA 1D NUMBER FORM SCHEDULE A (CONT.) 5 으 18

OSCC OSCC OTH OTH OSCC OSCC OSCC OSCC OSCC OSCC	OSCC OSCC OND OCOM OTH OSCC OND OSCC OSCC	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Larry Grogan 444 W. Main St. El Centro, CA 92243 Miscellaneous contributions under \$100.00	IER ID. NUMBER) IS under \$100.00	CONTRIBUTOR CODE * CODE * CODE * CODE * CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) Business owner Energy Source	AMOUNT RECEIVED THIS PERIOD 200.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)
OCOM OTH OTH OSCC OSCC OSCC OSCC	OCOM OTH OTH OTH OTH OSCC OND OSCC OND OSCC OND OSCC OSCC OSCC OSCC OSCC OSCC OSCC OSC	neous contribution	ns under \$100.00				149.00
□IND □COM □OTH □PTY	□ IND □ PTY □ SCC □ PTY □ SCC			OND OSCC			
	□ IND □ COM □ PTY □ SCC			OND OSCC			07

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC - Small Contributor Committee

Schedule B – Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Ryan Kelley

Type or print in ink.
Amounts may be rounded to whole dollars. through from _ Statement covers period May 25, 2012 July 31, 2012 FORM 460 45-4359780 Page ___ I.D. NUMBER SCHEUULE B-PART 2 오 I ळ

											A SPA - Allen a mark mark mark and a space of the space o				250					N/A	FULL NAME. STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER) D NUMBER)
	□scc	MAD	Потн	□ [719	Потн	COM		000	3	DPT DOTH	COM	□IND	□scc	□ PTY	Потн	СОМ		CONTRIBUTOR CODE
																					IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)
SUBTOTAL			DATE		LENDER		DATE			LENDER			DATE		LENDER			DATE		LENDER	LOAN
\$																					AMOUNT GUARANTEED THIS PERIOD
Enter on Summary Page, Line 17 only	5		PER ELECTION (IF REQUIRED)	61 	CALENDAR YEAR	5	3	(IF REQUIRED)	\$	CALENDAR YEAR	φ,		(IF REQUIRED)	S	CALENDAR YEAR	S	(IF ACCORDO	PER ELECTION	S	CALENDAR YEAR	CUMULATIVE
																					BALANCE OUTSTANDING TO DATE

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and C

Type or print in ink.

Supportin Candidate	Supporting/Opposing Other Candidates, Measures and Committees see Instructions on Reverse	Amounts may be rounded to whole dollars.	rounded llars.	from May 25, 2012 through July 31, 2012	1 1	CALIFORNIA 460 FORM 9 of 18
NAME OF FILER					_	JMBER
Ryan Kelley	У					45-4359780
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)	DATE PER ELECTION EAR TO DATE (IF REQUIRED)
	N/A	☐ Monetary Contribution				,
		Nonmonetary Contribution	to:			
	☐ Support ☐ Oppose					
		Nonmonetary Contribution Independent				
	☐ Support ☐ Oppose	Expenditure				
		Contribution				
	☐ Support ☐ Oppose	∥ -				
			SUBTOTAL \$	45		

Schedule D Summary

- 2. Unitemized contributions and independent expenditures made this period of under \$100 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)
- 0.00

0.00

0.00

Schedule E Payments Made

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

Statement covers period CALIFORNIA FORM May 25, 2012 FORM through July 31, 2012 Page 11 ID NUMBER

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18

SCHEDULE E

NAME OF FILER SEE INSTRUCTIONS ON REVERSE Ryan Kelley Page 11 45-4359780 I D NUMBER

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Imperial Printers 184 S. Plaza Brawley, CA 92227	Rocket Copy 100 South 11th Street El Centro, CA 92243	Brawley Pop Warner (hand delivered at event)	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Ot MBR member communications CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads
† 1, Column	marized on S	CMP	CMP	FND	CODE OR	yment, 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
(e).) Ty Page, Colui	chedule D.				カ	yment, you may enter the code. Omember 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
mn A, Line 6					DESCRIPTION OF PAYMENT	herwise, de RAD SAL TEL TRC TRS TSF VOT WEB
\$ \$ \$ TOTAL \$	SUBTOTAL \$				OF PAYMENT	herwise, 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 candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)
49 49 49	TAL\$				AM	costs Is reals re same cand
5,572.45 20.00 0.00 5,592.45	1,287.44	1,137.62	49.82	100.00	AMOUNT PAID	lidate/sponsor

Payments Made Schedu. (Continuation Sheet) . Di

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

from. Statement covers period May 25, 2012

CALIFORNIA FORM

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E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ryan Kelley through July 31, 2012 45-4359780 ID NUMBER Page ____ ಭ 0 8

* Payments that are contributions or independent expenditures must also be summarized on Schedule D	Adriana Ramirez (hand delivered @ party-decorations & cake)	Karen Sparks (hand delivered @ party-Karaoke)	Vons 475 W. Main Street Brawley, CA 92227	Ocotillo Liquor 1560 Ocotillo Dr., Ste. A El Centro, CA 92243	Alfonso Alvarez (hand delivered @ party-chairs/tables/tent)	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD. NUMBER)	CNP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings MBR member cohm MTG meetings and OFC office expen PET petition circul PHO phone banks POS postage, deli PRO professional
marized on Schedule D.	FND	FND	FND	FND	FND	CODE OR	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
SUBTOTAL \$			Q.			DESCRIPTION OF PAYMENT	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL tv. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals ervices TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)
\$ 815.24	210.66	200.00	84.58	210.00	110.00	AMOUNT PAID	s ne candidate/sponsor :-mail)

Schedule F Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ryan Kelley

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

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Statement covers period

May 25, 2012

through.

July 31, 2012

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45-4359780

I.D. NUMBER Page __ CALIFORNIA 460 CHEDULEF

CVS campaign consultants CVC civic donations FIL candidate fling/ballot less RD independent expenditure supporting/opposing others (explain)* RD independent expenditure supporting/opposing others (explain)* RD independent expenditure and mailings RT campaign literature and mailings RAD ADDRESS OF CREDITOR CCDE OR OFT Campaign literature and mailings RAD PRO professional services (legal, account and survey research print ads RAT print ads CCDE OR OFT COMMITTEE ALSO BRIER ID NUMBER) RAT print ads CCDE OR DESCRIPTION OF PAYMENT BALANK OFT N/A RAT print ads CCDE OR DESCRIPTION OF PAYMENT BALANK OFT N/A Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals is accrued expenses under \$100.)	MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OF PAYMENT SUBTOTALS \$ SUBTOTALS \$ SUBTOTALS \$	nces earch messenger services legal, accounting) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD OTOTALS for	AMOUN THE WEB	returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and me	me candidate/sponsor e-mail) (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD 0.00
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS BERIOD
N/A					
			26		
	Ga Mari				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				50	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	schedule F, Column (b) subaccrued expenses under \$	ototals for		RRED TOTALS \$	0.00
	edule F, Column (c) subtot payments on accrued expe	als for payments on enses under \$100.)		PAID TOTALS \$ _	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	er the difference here and				0.00
				e	

Contractor (on Behalf of This Committee) Payments Made by an Agent or Independent Schedu

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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from Statement covers period May 25, 2012

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July 31, 2012 Page_

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D NUMBER

45-4359780

NAME OF AGENT OR INDEPENDENT CONTRACTOR Ryan Kelley

CODES: campaign paraphernalia/misc. campaign consultants If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. meetings and appearances member communications radio airtime and production costs returned contributions

candidate filing/ballot fees contribution (explain nonmonetary)* fundraising events

civic donations

independent expenditure supporting/opposing others (explain)* phone banks professional services (legal, accounting) postage, delivery and messenger services

office expenses polling and survey research petition circulating

작정정면 candidate travel, lodging, and meals campaign workers' salaries t.v. or cable airtime and production costs

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

information technology costs (internet, e-mail) voter registration

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

campaign literature and mailings

legal defense

0.00	TOTAL* \$		Attach additional information on appropriately labeled continuation sheets.
			N/A
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER 1.0, NUMBER)

independent contractor as reported on Schedule E. * Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or