	4.			ယ	<u>-</u>	1 &	ិ ೧೧ ា
Executed onDale	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. Executed on 1971/16 Executed on 1971/16 Executed on 1971/16 By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Residual Proponent By Signature of Controlling Officeholder, Candidate, State Measure Proponent By Signature of Controlling Officeholder, Candidate, State Measure Proponent	CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS	STREET ADDRESS (NO P.O. BOX) ANIS LA D'Y W.C. NOV 10 ACT. STATE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	A	Type of Recipient Committee: All Committees - Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	SEE INSTRUCTIONS ON REVERSE	Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)
Ву	nd reviewing this statement and to the best of my he State of California that the foregoing is true and by Signature of Control	ZIP CODE AREA CODE/PHONE	IMP ZIP CODE OT AREA CODE/PHONE OR P.O. BOX	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	ittees - Complete Parts 1, 2, 3, and 4. Ballot Measure Committee O Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	statement covers period from 1-1-15	Type or print in ink
Signature of Controlling Officeholder, Candidate, State Measure Proponent	best of my knowledge the information contained herein and in Ing is true and correct. Signatured Treasurer or Assistan Treasurer Signatured Controlling Officeholder, State Measure Proponent or Responsible Controlling Officeholder, Candidate, State Measure Proponent	OPTIONAL: FAX / E-MAIL ADDRESS	NAME OF ASSISTANT TREASURER, IF ANY	Treasu	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below)	Date of election if applicable: (Month, Day, Year)	ř.
ale Measure Proponent	tion contained herein and in the attached scher or Assistany Treasurer tate Measure Proponent or Results Block Officer of Sponsor der, Candidate, State Measure Proponent	STATE ZIP CODE	STATE ZIP CODE		000	FEB 01 2016 IMPERIAL COUNTY REGISTRAR OF VOTERS	Date Stamp RECEIVED
FPPC Form 460 (June/01)	hedules is true and complete. I	DE AREA CODE/PHONE	DE ARÊA CODE/PHONE		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	Page of 4	CALIFORNIA 460 2001/02 FORM

Page_	CAL	
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ΥΠΟ	COMMITTEE ADDRESS	NAME OF THE PROPERTY OF THE PR	COMMITTEE NAME	COMMITTEE ADDRESS	NAME OF TREASURER	Comment	contributions or make ex	Related Committee	27 15 La Brucherio Pd	OFFICE SOUGHT OR HELD	Committee to Re-FI	5. Officeholder or Car
STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX)			(NO			contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statement: List any committees	TUNETIO RA IN	SUPERVISOR LAUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE SUPERVISOR TO LAUDENIA COUNTY, DIST. 3	OR CANDIDATE	5. Officeholder or Candidate Controlled Committee
DE AREA CODE/PHONE	YES NO	C. ACMORX	OR AREA CODE/PHONE	֧֓֞֜֞֜֓֓֟֟֝֟֟֓֓֓֓֓֟֟֓֓֓֓֟֟֓֓֓֓֓֓֟֓֓֓֟֓֓֟֓֓֓֟֓	CONTROLLED COMMITTEE?	NOMBER R	are primarily formed to receive lidacy.	ement: List any committees	In city! STATE ZIP	NUMBER IF APPLICABLE)	Committee to Re-Flort Michael Colley, CIDIST &	ttee
	1 21	2	z	l z	.7. - s Fr			n :	z I =			б.
Attach continuation	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD		Identify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	Ballot Measure Committee
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	ames of officeholder(s) or ca		DISTRICT NO. IF ANY	CINCIN	lidate, or state measure pi		Art.	
	SUPPORT	SUPPORT	SUPPORT	SUPPORT OPPOSE	ndidate(s) for		ANY		oponent, if any.	SUPPORT OPPOSE		-

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE CALIFORNIA 460

Summary Page	to whole dollars.	ì	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	12-31-15	Page 3 of 4
Michael W. Kelley, Dist. 3				1.D. NUMBER 1303602
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) O	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	mary for Candidates State Primary and
Loans Received	0000		20. Contributions Received \$ 21. Expenditures Made \$	1/1 through 6/30 7/1 to Date
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H line 3	\$ 200.00	9	Expenditure Limit Summary for State Candidates	ummary for State
SUBTOTAL CASH PAYMENTS	\$ 200.00		22. Cumulative (if subject to v Date of Election (mm/dd/yy)	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date Im/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 3/79.70	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 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	35000	from Column B of your last report. Some amounts in Column A may be negative figures that should be reported from Column A may be negative.		6 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	s	period amounts. If this is the first 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
d Outsta	\$ 0	from Lines 2, 7, and 9 (if any).	different from amounts reported in Column B	orted in Column B.
Add Line 2 + Line 9 in Column B above	\$		FPPC Toll	FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E	Type or print in ink.	7		SCHEDULEE	III
Payments Made	Amounts may be rounded to whole dollars.		from 1-1-15	CALIFORNIA 460	No.
SEE INSTRUCTIONS ON REVERSE			through 12-31-15	Page 4 of 4	
Michael W. Kelley Dist 3				1.D. NUMBER 1303602	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	ie payment, you may enter ti	he code. Otherwise	e, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations A CMP campaign paraphernalia/misc. A CVC civic donations A CVC civic donations	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	= 6 20 20	RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production	osts	
candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	PHD petition circulating PHO phone banks PHO polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	S S	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)	ction costs neals nd meals of the same candidate/sponso	9
NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER LO NUMBER)	CODE OR	DESCRIP	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Brawley American Citizens Club 840 "B" St. Brawley, Ca. 92227	C4C (Christnas 7	1045 for underprivileged	Eged \$ 182.00	
Imperial Chamber of Commerces	CVC "	"Welcome Ba	Back" Teacher's	\$ 100.00	
* Payments that are contributions or independent expenditures must also	t also be summarized on Schedule	dule D.	. sua	SUBTOTAL\$ 200,00	11 1
Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	dule E subtotals.)	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$ 200.00	
2. Unitemized payments made this period of under \$100				\$ 50.00	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).	hedule B, Part 1, Column (e).)			6	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	r here and on the Summary P	age, Column A, Lin	e6.) TOTAL \$	1 \$ 250,00	

Recipient Committee Campaign Statement Cover Page

from Statement covers period) (Date of election if applicable: (Month, Day, Year) IN ERIAL COUNT MAY 0 8 2016 Date Stamp RECEIVED Page _ CALIFORNIA 460 FORM For Official Use Only 9 COVER PAGE

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OPTIONAL: FAX / E-MAIL ADDRESS	CITY STATE Z	WAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX	Supervisor Dist, 3, 2016	3. Committee Information	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 Sponsored Small Contributor Committee Officeholder Committee Officeholder Committee Also Complete Part 7)	SEE INSTRUCTIONS ON REVERSE
	ZIP CODE	SIP CODE	chae)	Đ, N	Complet Prima Comn Com Com Prima Office Alexandra	9
	AREA CODEPHONE	AREA CODE/PHONE	helley	9,036-02	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	through 4-20-16
OPTIONAL: FAX / E-MAIL ADDRESS	CITY	NAME OF ASSISTANT TREASURER, IF ANY	MAILING ADDRESS 2715 La Brudherie R	Treasurer(s)	2. Type of Statement: Preciection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	6-1-16
	STATE	STATE	erie 7		ation)	REGISTR/
	TE ZIP CÓDE				☐ Quarterly Statement ☐ Special Odd-Year Report	REGISTRAR OF VOTERS
	AREA CODE/PHONE	21P CODE AREA CODEPHIONE 92251760-35672385			atement -Year Report	

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	Executed on	Executed on 5 7 - 16	Executed on 5 7 7 6
By Signature of Controlling Officeholder, Candidate, State Messure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officerlokder, Candidate, State Measure Pyroponent or Responsible Officer of Sponsor	By Heale & Relief or Assistant Tressurer

Recipient Committee Campaign Statement Cover Page — Part 2

Page A	CALIFORNIA FORM	COVER P
of 4	460	COVER PAGE - PART 2

CITY STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BO)	NAME OF TREASURER	COMMITTEE NAME	(NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEE?	COMMITTEE NAME	not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statement: Ustany committees	$\frac{1}{2}$ $\frac{1}$	N AND DIS	NAME OF OFFICEHOLDER OR CANDIDATE $ \mathcal{M}_{C} \cap \mathcal{R}_{C} \mathcal{N}_{C} \cap \mathcal{R}_{C} $. Officeholder or Candidate Controlled Committee
	•	•	ų	1 1	7.	'		10		○ 1		6.
Attacl	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CAI	NAME OF OFFICEHOLDER OR CA		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, CAND	Identify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOT NO. OR LETTER	NAME OF BALLOT MEASURE	Primarily Formed Ballot Measure Committee
continuatio	ADIDATE	OR CANDIDATE	OR CANDIDATE	OR CANDIDATE	date/Office or which this			CANDIDATE, OR PROPONENT	older, candid	JURISDICTION		Measure (
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	holder Co			PONENT	ate, or state	2		ommittee
cessary	SHT OR HELD	3HT OR HELD	SHT OR HELD	SHT OR HELD	mmittee Listi vimarily formed.		DISTRICT NO. IF ANY		measure propon			
	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	rames of		Ϋ́NΥ		ent, if any.	SUPPORT		

Campaign Disclosure Statement

anding Debts only carry over the amounts from Lines 2, 7, and 9 (if any). Add Line 2 + Line 9 in Column B above \$ 0	12. Beginning Cash Balance Previous Summary Page, Line 16 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 Schedule C, Line 3 45 00 Candid Candid	Column B Column B Column B CALENDAR YEAR RUNNIN 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Schedule C, Line 3 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Madd	through	Summary Page to whole dollars. Statement cover from 1 - 1 - 1
•	= =	Expenditure Limit Candidates 22. Cumulati (if Subject to more) Date of Election (mon/dd/yy)	Calendar Year Sun Running in Both the General Elections 20. Contributions Received \$		Stateme
FPPC Advice: advice@fppc.ca.gov (866/275-3772)	*Amounts in this section may be different from amounts reported in Column B.	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ \$ \$ 21. Expenditures Made \$ \$	Page 3 of 4 I.D. NUMBER	CALIFORNIA 460

FPPC Form 460 (Jan/2016) e@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

i.D. 7	ugh 4-23-16 Page	tatement covers period CA
I.D. NUMBER	4 0	CALIFORNIA FORM

7			SCHEDULE E
Schedule E Amounts may be rounded to whole dollars. Payments Made	be rounded dollars.	Statement covers period	CALIFORNIA 460
IEE INSTRUCTIONS ON REVERSE		through 4-23-16	Page 4 of 4
Michael W. Kelley Supervisor	Dist 3		1303602
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise,	ou may enter the cod	e. Otherwise, describe the payment.	
MP campaign paraphemalia/misc. MBR member communi MC campaign consultants MTG meetings and appropriate on this contribution (explain nonmonetary)* MTG meetings and appropriate on the contribution (explain nonmonetary)* MTG meetings and appropriate of the contribution circulating per petition circulation per petition circulating per petitio	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services	RAD radio sirtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor	its on costs eals meals the same candidate/sponsor
TRI print ags		WEB information technology costs (internet, e-mail)	ternet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Imperial County Register of Voters 940 West main st, El Courtro, Ca. 92243	FIL Flina	Filing Fees	537, 95
Imperial County Registar of Voters 946 West Main St. El Centre, Ca 92343	FIL Can	Candidate Statement	300,00
Payments that are contributions or independent expenditures must also be summarized on Schedule D	edule D.	Tans	SUBTOTAL \$ 837 00
. Unitemized payments made this period. (Include all Schedule E subtotals.)			\$ 37 %
. Total interest paid this period on toans. (Enter amount from Schedule B, Part 1, Column (e).)	rt 1, Column (e).) the Summary Page. C	line 6	\$ 555,00
. Total interest paid this period on toans. (Enter amount from Schedule B, Part 1, Column (e).) Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page. Column A.	rt 1, Column (e).) the Summarv Page. C	olumn A I ine 6)	TOTA

Recipient Committee

SEE INSTRUCTIONS ON REVERSE Cover Page Campaign Statement Committee Information Comm. to Re-Elect Supervisor, Dist. 3, 2016 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX STREET ADDRESS (NO P.O. BOX) Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ジエド Officeholder, Candidate Controlled Committee

State Candidate Election Committee General Purpose Committee

Sponsored ○ Sponsored
 ○ Small Contributor Committee
 ○ Political Party/Central Committee (Also Complete Part 5) O Recall Brucherie michael STATE ZIP CODE みななび Kelley I.D. NUMBER Primarily Formed Candidate/ Officeholder Committee O Sponsored (Also Complete Part 6) Primarily Formed Ballot Measure (Also Complete Part 7) O Controlled Committee from through 5 21 -Statement covers period と下れがた 760-355-2385 AREA CODE/PHONE AREA CODE/PHONE Date of election if applicable: OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF TREASURER NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRES Treasurer(s) Type of Statement: Preelection Statement (Month, Day, Year) 27175 というと Semi-annual Statement Amendment (Explain below) (Also file a Form 410 Termination) Termination Statement 30000 brucherie EGISTRAR OF VOTERS IMPERIAL COUNTY MAY 2 6 2016 RECEIVED Date Stamp STATE STATE 42251 X) ZIP CODE ZIP CODE Special Odd-Year Report Quarterly Statement Page ___ **CALIFORNIA** FORM 760-355-2385 For Official Use Only AREA CODE/PHONE AREA CODE/PHONE 앜 460 4

Verification

certify under penalty of perjury under the laws of the State of California 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

Executed onDate	Executed on	Executed on 5-36-16	Executed on S-2 k2-16
By Signature of Controlling	BySignature of Controlling	By Signature of Controlling Officeholder, Ca	By Made C State

Officeholder, Candidate, State Measure Proponen Assistant Treasurer Proponent or Responsible Officer of Sponsor

Officeholder, Candidate, State Measure Proponen

of_

CITY STATE ZIP CODE	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		COMMITTEE NAME I.D	MITTEE ADDRESS (NOI	NAME OF TREASURER	COMMITTEE NAME	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.	<u>.</u> ,	NTIS & BUT INDIA BY TODON OF STATE ZIP	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	MINDER OF CANDIDATE	5. Officeholder or Candidate Controlled Committee
AREA CODE/PHONE	YES NO	NITE OF THE PROPERTY OF THE PR	I.D. NUMBER		CONTROLLED COMMITTEE?	I.D. NUMBER	primarily formed to receive	Tent: list any committees	OO C A STATE OO	IMBER IF APPLICABLE)	85	ë
Attach	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 officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any	BALLOT NO. OR LETTER	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot
Attach continuation sheets if necessary					ormed Candidate/Officeholder Committee List names of or candidate(s) for which this committee is primarily formed.			DATE, OR PROPONENT	older, candidate, or sta	JURISDICTION		ormed Ballot Measure Committee
necessary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	Committee List na		DISTRICT NO. IF ANY		te measure propone	0 th		Эe
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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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	PAGE

Statement covers period

FPPC Advice: advice@fnnc ca gov (866/275,37		\$	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).		and Outsta
		\$O	
	should be subtracted from previous period amounts. If	,	If this is a termination statement, Line 16 must be zero.
	amounts in Column A may be negative figures that	\$ 1932.70	ANCEAdd Lines 12 + 13 +
Amounts in this section may be different from amounts reported in Column B.	amounts from Column B of your last report. Some	1200	14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments
	To calculate Column B, add amounts in Column A to the corresponding	» D	
\$		0.5.440C	Current Cash Statement 12. Beginning Cash Balance 15. Previous Summary Page 1 ine 16.
\$	49	\$ \$	11. TOTAL EXPENDITURES MADE
Date of Election Total to Date (mm/dd/yy)		12.00	
 Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit) 	\$	\$ 100.00	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
		0	Loans Made
Expenditure Limit Summary for State	ss.	s 100.00	Expenditures Made 6. Payments MadeSchedule E. Line 4
	\$	\$ 0	5. TOTAL CONTRIBUTIONS RECEIVED
ıres		0	4. Nonmonetary Contributions Schedule C, Line 3
20. Contributions Received \$ \$	Ө	\$	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date			1. Monetary Controllions
General Elections		,	Massassassassassassassassassassassassass
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
COROEI			Michael W. Kelley Dist 3
I.D. NUMBER			NAME OF FILER
521-16 Page 3 of 4	through_		SEE INSTRUCTIONS ON REVERSE

Payments Made Schedule E

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

		through 5 -21 -16	from 4-24-16	
130360	I.D. NUMBER	Page of _	FORM	CALIFORNIA

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

LIT G IND FILE	CMP CNS CVC
candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations
PRO PRO	MBR OFC PET
phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating
TRS TRS TSF VOT WEB	RAD RFD SAL
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)	radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brawley American Citizens Club P.O.Box 529 - 890 "B" Street Brawley Ca. 92227	CCC	POUTH SCHOLARSHIPS	160,00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	tule D.	SUBTOTAL \$	100,00

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$
- 2. Unitemized payments made this period of under \$100.....\$
- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016)

<u> 100/00</u>

1200 00,00

www.fppc.ca.gov