

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

INSTRUCTIONS ON REVERSE

Statement covers period
from 1-1-16
through 4-23-16

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

Date Stamp
RECEIVED
JUL 08 2016
IMPERIAL COUNTY
REGISTRAR OF VOTERS

CALIFORNIA
FORM
460
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For Official Use Only

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

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

Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Ryan Kelly

I.D. NUMBER
81-1687052

STREET ADDRESS (NO P.O. BOX)
448 Russell Rd

CITY Sanawley STATE CA ZIP CODE 92227 AREA CODE/PHONE (760)336-9533

NAME OF TREASURER
Robyn Kelly

Mailing Address
448 Russell Rd
CITY Sanawley STATE CA ZIP CODE 92227 AREA CODE/PHONE (760)455-6582

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

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 _____ Date
Executed on _____ Date
Executed on _____ Date
Executed on _____ Date

By Robyn Kelly Signature of Treasurer of Assistant Treasurer
By Ryan & Kelly Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Ryan Kelly

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Supervisor District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
448 Russel Rd Branley, CA 92227

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ryan Kelly

Statement covers period
from 1-1-16
through 4-23-16

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ID NUMBER
81-1687052

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ <u>3,500.</u>	\$ <u>2,184.</u>
2. Loans Received.....	Schedule B, Line 3 \$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>3,500.</u>	\$ <u>2,184.</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>3,500.</u>	\$ <u>2,184.</u>

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 \$ 3,500 \$ _____

21. Expenditures Made \$ 1,315.52 \$ _____

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ <u>1,315.52</u>	\$ <u>2,184</u>
7. Loans Made.....	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ <u>1,315.52</u>	\$ <u>2,184</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment.....	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>1,315.52</u>	\$ <u>2,184.</u>

Expenditure Limit Summary for State
Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

_____/_____/_____ \$ _____
_____/_____/_____ \$ _____

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

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

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ <u>0</u>
13. Cash Receipts.....	Column A, Line 3 above \$ <u>3,500.</u>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$ <u>0</u>
15. Cash Payments.....	Column A, Line 8 above \$ <u>1,315.52</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>2,184.48</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-16
through 4-23-16

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelley

I.D. NUMBER
81-1687052

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF 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)	PER ELECTION TO DATE (IF REQUIRED)
3/8/16	Brawley Inn Brawley, CA 92227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000		
3/8/16	Eddie West Brawley, CA 92227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500		
SUBTOTAL \$				3,500		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,500
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,500

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 1-1-16 through 4-23-16

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER
Ryan Kelley

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 I.D. NUMBER
81-1687052

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF 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)	PER ELECTION TO DATE (IF REQUIRED)
3/8/16	Brawley Inn Main St Brawley, CA 92227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business owner	\$ 1,000.00		
3/8/16	Eddie WREST Russell Rd Brawley, CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resident	\$ 2,500		
SUBTOTAL \$3,500						

*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 1
Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ryan Kelley

Statement covers period
from 1-1-16
through 4-23-16

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FULL NAME, STREET ADDRESS AND ZIP CODE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

None

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS)

(a)
OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD

(b)
AMOUNT
RECEIVED THIS
PERIOD

(c)
AMOUNT PAID
OR FORGIVEN
THIS PERIOD *

(d)
OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD

(e)
INTEREST
PAID THIS
PERIOD

(f)
ORIGINAL
AMOUNT OF
LOAN

(g)
CUMULATIVE
CONTRIBUTIONS
TO DATE

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____
SUBTOTALS \$							

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period: (Subtract Line 2 from Line 1) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

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

**Schedule B - Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-16
through 4-23-16

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SCHEDULE B - PART 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelly

I.D. NUMBER
81-1682052

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FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER	DATE			
<u>None</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	

SUBTOTAL \$ 0

Enter on Summary Page Line 17 only

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-16
through 4-23-16

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SCHEDULE C

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kellay

I.D. NUMBER
81-1687052

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	<u>None</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$						<u>0</u>	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals) \$ 0
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$** 0

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-16
through 4-23-16

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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Ryan Kelley

I.D. NUMBER 81-1687052

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)
	<u>NONE</u>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				<u>0</u>		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**... \$ 0

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

CALIFORNIA
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Statement covers period
from 1-1-16
through 4-23-16

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NAME OF FILER
Ryan Kelley

I.D. NUMBER
81-1687052

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)
	<u>None</u>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				<u>8</u>		

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-16
through 4-23-16

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I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ryan Kelley

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Sacred Heart Brawley, CA 92227</u>	<u>FND</u>		<u>Golf Tournament Fundraisers</u>	<u>\$100.</u>
<u>County Election Office E1 Centro, CA 92243</u>	<u>Fil</u>		<u>Filing fees</u>	<u>\$ 837.</u>
<u>Ryan Kelley Brawley</u>	<u>CMP</u>		<u>Fundraisers Fee</u>	<u>\$ 378.52</u>
SUBTOTAL \$				<u>1315.52</u>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,315.52
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1,315.52

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 1-1-16
through 4-23-16

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelley

I.D. NUMBER
81-1687052

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
---	------	----	------------------------	-------------

None

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

SUBTOTAL \$ 8

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

SCHEDULE F

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Statement covers period
from 1-1-14
through 1-23-14

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I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Ryan Kelley

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	tv or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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 PERIOD
<u>None</u>					
SUBTOTALS \$		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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

Schedule F Summary

- 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.) **INCURRED TOTALS \$** 0
- 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.) **PAID TOTALS \$** 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0

May be a negative number

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 1-1-16
through 4-30-16

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NAME OF FILER

Ryan Kelly

LD NUMBER

81-1687052

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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 PERIOD
<u>None</u>					
SUBTOTALS \$		<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-16
through 4-23-16

Page 15 of 17
I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Ryan Kelley
NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	tv. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>NONE</u>				

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 0

* 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.

FPPC Form 460 (Jan/2016)
FPPC Adviser: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

Statement covers period
from 1-1-16
through 4-23-16

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Ryan Kelley I.D. NUMBER 81-1687052

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
<u>NONE</u>		\$ _____	\$ _____	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS		\$ _____	\$ <u>0</u>	\$ <u>0</u>		\$ <u>0</u>			

* 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.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period..... \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans..... \$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)..... NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

Statement covers period from <u>1-1-16</u> through <u>4-23-16</u>	CALIFORNIA FORM 460
Page <u>17</u> of <u>17</u>	SCHEDULE I

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ryan Kelley

DATE RECEIVED FULL NAME AND ADDRESS OF SOURCE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

NONE

DESCRIPTION OF RECEIPT

AMOUNT OF INCREASE TO CASH

I.D. NUMBER
81-1687052

			SUBTOTAL \$ <u>0</u>

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

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

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 4-24-16
through 5-21-16

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

Date Stamp
RECEIVED
JUL 08 2016
IMPERIAL COUNTY
REGISTRAR OF VOTERS

Page 1 of 17
For Official Use Only

**CALIFORNIA
FORM
460**

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

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

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Ryan Kelley

ID NUMBER
81-1687052

Treasurer(s)

NAME OF TREASURER

Robyn Kelley

MAILING ADDRESS

448 Russell Rd

CITY

Stawley, CA

STATE

92227

MAILING ADDRESS

(760) 336-9533

CITY

92227

MAILING ADDRESS

(760) 455-6582

CITY

92227

MAILING ADDRESS

(760) 455-6582

CITY

92227

MAILING ADDRESS

(760) 455-6582

CITY

92227

MAILING ADDRESS

(760) 455-6582

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 _____ Date

Executed on _____ Date

Executed on _____ Date

Executed on _____ Date

By Robyn Kelley Signature of Treasurer or Assistant Treasurer

By Robyn Kelley Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Ryan Kelley

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Supervisor District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
448 Russell Rd Brawley, CA 92227

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 4-24-16 through 5-21-16

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CALIFORNIA FORM 460

I.D. NUMBER _____

INSTRUCTIONS ON REVERSE

NAME OF FILER Ryan Kelley

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions.....	Schedule A, Line 3 \$ 1,000.00	\$ 2,484.48
2 Loans Received.....	Schedule B, Line 3 \$ 0	\$ 0
3 SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 1,000.00	\$ 2,484.48
4 Nonmonetary Contributions.....	Schedule C, Line 3 \$ 0	\$ 0
5 TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 1,000.00	\$ 2,484.48

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	\$ 4,500	\$
21. Expenditures Made	\$ 2,015.52	\$

	Schedule E, Line 4	Schedule H, Line 3	Schedule F, Line 3	Schedule G, Line 3
6 Expenditures Made	\$ 700.00	\$ 0	\$ 0	\$ 0
7 Loans Made	\$ 0	\$ 700.00	\$ 0	\$ 0
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 700.00	\$ 700.00	\$ 0	\$ 0
9 Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	\$ 0	\$ 0	\$ 0
10 Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	\$ 0	\$ 0	\$ 0
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 700.00	\$ 700.00	\$ 0	\$ 0

Expenditure Limit Summary for State Candidates	22. Cumulative Expenditures Made* (if subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
		1/1	\$
		1/1	\$

	Previous Summary Page, Line 16	Column A, Line 3 above	Schedule I, Line 4	Column A, Line 8 above
12 Beginning Cash Balance	\$ 2,184.48	\$ 1,000.00	\$ 0	\$ 700.00
13 Cash Receipts	\$ 0	\$ 0	\$ 0	\$ 0
14 Miscellaneous Increases to Cash	\$ 0	\$ 0	\$ 0	\$ 0
15 Cash Payments	\$ 0	\$ 0	\$ 0	\$ 0
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2,484.48	\$ 0	\$ 0	\$ 0

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

	Schedule B, Part 2
17 LOAN GUARANTEES RECEIVED	\$ 0
18 Cash Equivalents	\$ 0
19 Outstanding Debts	\$ 0

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

CALIFORNIA
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SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 4-24-16
through 5-21-16

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NAME OF FILER
Ryan Kelley

I.D. NUMBER
81-1687052

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF 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)	PER ELECTION TO DATE (IF REQUIRED)
	Paul Cameron 232 S. El Cerrito Dr. Troy, CA 92222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed	\$1,000		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				<u>1,000</u>		

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals) \$ 1,000
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,000

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT)

Statement covers period
from 4-24-16
through 5-21-16

**CALIFORNIA
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I.D. NUMBER
81-1687052

NAME OF FILER
Ryan Kelley

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF 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)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				<u>0</u>		

*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 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 4-24-16
through 5-21-16

**CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ryan Kelley

I.D. NUMBER

81-1687052

1 IND	COM	OTH	PTY	SCC	FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
					<u>NONE</u>								
SUBTOTALS							\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven,
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 2.)
(May be a negative number)

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

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

**Schedule B - Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

Statement covers period
from 4-24-16
through 5-21-16

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I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ryan Kelley

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN LENDER DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE PER ELECTION (IF REQUIRED)	BALANCE OUTSTANDING TO DATE
<u>None</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		\$ _____ CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		\$ _____ CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		\$ _____ CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
			SUBTOTAL \$	<input checked="" type="checkbox"/>		

Enter on Summary Page, Line 17 only.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 4-24-16
through 5-21-16

**CALIFORNIA
FORM
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SCHEDULE C

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ryan Kelley

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I.D. NUMBER
81-1687052

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	<u>NONE</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$						<u>0</u>	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
3. 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 \$** 0

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

Amounts may be rounded
to whole dollars.

Statement covers period
 from 4-24-16
 through 5-21-16

CALIFORNIA
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I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE

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)
	NONE	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				<u>0</u>		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL.. \$** 0

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT)

Statement covers period
from 4-24-16
through 5-21-16

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I.D. NUMBER
81-168702

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)
	NONE	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				<u>0</u>		

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

**CALIFORNIA
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SCHEDULE E

Statement covers period
from 4-24-16
through 5-21-16

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I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelly

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

- 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)*
- LEG legal defense
- LIT 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
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hidalgo Society Brawley, CA 92227	FND	Fundraiser	\$ 100.
EMS week SPONSORSHIP Brawley CA 92227	FND	Fundraisers	\$ 500.
ACC Brawley, CA 92227	FND	Fundraiser	\$ 100.00
SUBTOTAL \$			700.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 700.00
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 700.00

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>4-24-16</u> through <u>5-21-16</u>	CALIFORNIA FORM 460
Page <u>12</u> of <u>17</u>	I.D. NUMBER 81-1687052

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelley

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>None</u>				

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

SUBTOTAL \$ 0

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period
from 4-24-16
through 5-31-16

CALIFORNIA
FORM **460**

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I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ryan Kelley

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>None</u>					
SUBTOTALS \$		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Schedule F Summary

- 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.) **INCURRED TOTALS \$** 0
- 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.) **PAID TOTALS \$** 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 4-24-16
through 5-21-16

CALIFORNIA
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NAME OF FILER

Ryan Kelley

I.D. NUMBER

81-1687052

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD (a)	AMOUNT INCURRED THIS PERIOD (b)	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (d)
<u>NONE</u>					
SUBTOTALS \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> \$ <u>0</u>					

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

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Ryan Kelly

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Statement covers period from 4-24-16 through 5-21-16

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I.D. NUMBER 81-1687052

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

- 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)*
- LEG legal defense
- LIT 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
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>NONE</u>			

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 0

* 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.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

Statement covers period
from 4-24-16
through 5-21-16

**CALIFORNIA
FORM
460**

SCHEDULE H

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelley

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I.D. NUMBER
81-1687052

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
								CALENDAR YEAR	PER ELECTION**
<u>None</u>		\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE _____	_____ % RATE	DATE INCURRED _____	CALENDAR YEAR	PER ELECTION**
		\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE _____	_____ % RATE	DATE INCURRED _____	CALENDAR YEAR	PER ELECTION**
SUBTOTALS		\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ _____	DATE INCURRED _____		

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period.....\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1).....NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

Statement covers period
from 4-24-16
through 5-21-16

**CALIFORNIA
FORM
460**

SCHEDULE I

Page 12 of 17

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ryan Kellen

I.D. NUMBER

81-1687052

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	<u>Nona</u>		
SUBTOTAL \$			<u>\$</u>

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

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

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 5-22-16
through 6-30-16

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

Date Stamp
RECEIVED
JUL 08 2016
IMPERIAL COUNTY
REGISTRAR OF VOTERS

CALIFORNIA 460 FORM
Page 1 of 17
For Official Use Only

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

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

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Ryan Kelley ID NUMBER 81-1687052

Treasurer(s)

NAME OF TREASURER Robyn Kelley

STREET ADDRESS (NO P.O. BOX) 448 Russell Rd STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 336-9533
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

NAME OF TREASURER Robyn Kelley CITY Brawley STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 455-6582
MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ Date
Executed on _____ Date
Executed on _____ Date
Executed on _____ Date

By Robyn Kelley Signature of Treasurer/Assistant Treasurer
By Ryan Kelley Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Ryan Kelley

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Supervisor District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
448 Russell Rd, Brawley, CA 92227

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 5-22-16 through 6-30-16

CALIFORNIA FORM **460**

Page 3 of 17

I.D. NUMBER 81-1687052

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ryan Kelley

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	
1. Monetary Contributions.....	Schedule A, Line 3 \$ <u>0</u>	\$ <u>2,484.48</u>	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
2. Loans Received.....	Schedule B, Line 3 \$ <u>0</u>	\$ <u>0</u>	
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>0</u>	\$ <u>2,484.48</u>	20. Contributions Received \$ <u>4,500</u> \$ _____
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>	21. Expenditures Made \$ <u>2,215.52</u> \$ _____
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>0</u>	\$ <u>2,484.48</u>	

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ <u>200</u>	\$ <u>2,484.48</u>	Expenditure Limit Summary for State Candidates
7. Loans Made.....	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>	
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ <u>200</u>	\$ <u>2,484.48</u>	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ <u>0</u>	\$ <u>0</u>	Date of Election (mm/dd/yy) _____ Total to Date _____
10. Nonmonetary Adjustment.....	Schedule G, Line 3 \$ <u>0</u>	\$ <u>0</u>	
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>200</u>	\$ <u>2,484.48</u>	

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ <u>2,484.48</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts.....	Column A, Line 3 above \$ <u>0</u>	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$ <u>200</u>	
15. Cash Payments.....	Column A, Line 8 above \$ <u>2,284.48</u>	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>2,200</u>	

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

Cash Equivalents and Outstanding Debts

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

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 5-22-16
through 6-30-16

CALIFORNIA 460
FORM

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I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelley

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
	<u>None</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ <u>0</u>						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 0

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 5-22-16
through 6-30-16

**CALIFORNIA
FORM
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I.D. NUMBER

NAME OF FILER
Ryan Kelley

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF 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)	PER ELECTION TO DATE (IF REQUIRED)
	<u>NONE</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				<u>0</u>		

*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 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 5-22-16
through 6-30-16

SCHEDULE B - PART 1
CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelley

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I.D. NUMBER
81-1687052

Lender IF COMMITTEE ALSO ENTER I.D. NUMBER	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR	CALENDAR YEAR	CALENDAR YEAR	CALENDAR YEAR
<input checked="" type="checkbox"/> NONE			\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____	CALENDAR YEAR _____	CALENDAR YEAR _____	CALENDAR YEAR _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____	CALENDAR YEAR _____	CALENDAR YEAR _____	CALENDAR YEAR _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____	CALENDAR YEAR _____	CALENDAR YEAR _____	CALENDAR YEAR _____
SUBTOTALS			\$ _____	\$ _____	\$ _____	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____	CALENDAR YEAR _____	CALENDAR YEAR _____	CALENDAR YEAR _____

Schedule B Summary

1. Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ _____
(Enter the net here and on the Summary Page, Column A, Line 2.)
(May be a negative number)

†Contributor Codes

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

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

**Schedule B - Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

Statement covers period
from 5-22-16
through 6-30-16

CALIFORNIA FORM 460
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SCHEDULE B - PART 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ryan Kelly

I.D. NUMBER

81-1687052

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER	DATE			
<u>None</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ PER ELECTION (IF REQUIRED)	CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ PER ELECTION (IF REQUIRED)	CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ PER ELECTION (IF REQUIRED)	CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)

SUBTOTAL \$

0

Enter on
Summary Page,
Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 5-22-16
through 6-30-16

**SCHEDULE C
CALIFORNIA
FORM
460**

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NAME OF FILER
Ryan Kelly

I.D. NUMBER
81-1687052

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	<u>None</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$						<u>0</u>	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 0
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$** 0

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 5-22-16
through 6-30-16

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Ryan Kelley

I.D. NUMBER
81-1487052

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)
	<u>None</u>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				<u>0</u>		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL ..** \$ 0

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period
from 5-22-16
through 6-30-16

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NAME OF FILER

Ryan Kelley

I.D. NUMBER

81-1687052

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)
	<u>NONE</u>	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				<u>A</u>		

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

Statement covers period
from 5-22-16
through 6-30-16

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I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelly

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

- 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)*
- LEG legal defense
- LIT 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
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOI voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Del Rio County Club Brawley, CA 92227.</u>	<u>FND</u>		<u>Dinner ticket Fundraiser</u>	<u>\$ 200.</u>
SUBTOTAL \$				<u>200.</u>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 200.
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 200.

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)
**CALIFORNIA
FORM 460**

Statement covers period
from 5-22-16
through 6-30-16

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I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelley

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>None</u>				

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

SUBTOTAL \$ 0

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period
from 5-22-16
through 6-30-16

Page 13 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kelley

I.D. NUMBER
81-1687052

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

MBR	member communications	RAD	radio airtime and production costs
MTG	meetings and appearances	RFD	returned contributions
OFC	office expenses	SAL	campaign workers' salaries
PET	petition circulating	TEL	t.v. or cable airtime and production costs
PHO	phone banks	TRC	candidate travel, lodging, and meals
POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
PRO	professional services (legal, accounting)	VOT	voter registration
PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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 PERIOD
<u>None</u>					

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

SUBTOTALS \$ 0 \$ 0 \$ 0 \$ 0

Schedule F Summary

- 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.) **INCURRED TOTALS \$** 0
- 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.) **PAID TOTALS \$** 0
- Net change this period. (Subtract line 2 from line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 5-22-16
through 6-30-16

**CALIFORNIA
FORM 460**

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I.D. NUMBER
81-1687052

NAME OF FILER
Ryan Kelly

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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 PERIOD
<u>UNPAID</u>					
SUBTOTALS \$		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from 5-22-16 through 6-30-16

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Ryan Kelly

I.D. NUMBER 81-1687052

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

- 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)*
- LEG legal defense
- LIT 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
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>NONE</u>				

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 0

* 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.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

Statement covers period
from 5-22-16
through 6-30-16

**CALIFORNIA 460
FORM**
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ryan Kellen

I.D. NUMBER
81-1687052

FULL NAME, STREET ADDRESS AND ZIP CODE (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 PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OR FORGIVENESS THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				PAID	FORGIVEN				
<u>NONE</u>		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
SUBTOTALS		\$ _____	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	DATE DUE _____	RATE _____ %	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____

*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.

Schedule H Summary

- Loans made this period..... \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans..... \$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period: (Subtract Line 2 from Line 1.)..... NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

Statement covers period
from 5-22-16
through 6-30-16

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FORM
460

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I.D. NUMBER
81-1687052

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ryan Kelley

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	<u>NONE</u>		
SUBTOTAL \$			<u>0</u>

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

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