ecipient Committee ampaign Statement over Page			COVER PAGE CALIFORNIA 460 RECEIVED
	Statement covers period from 1-1-16	Date of election if applicable (Month, Day, Year)	JUL 0 8 2016 Page of // For Official Use Only
: INSTRUCTIONS ON REVERSE	through 4-23-16		REGISTRAR OF VOTERS
Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Pert 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Pert 7)	N Preelection Statement □ Semi-annual Statement □ Termination Statement (Also file a Form 410 Termination) □ Amendment (Explain below)	Quarterly Statement Special Odd-Year Report nation)
	1.D. NUMBER 87082	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	Elect Ryan Kellay	MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX) 448 Russoll 20		A CABIAL CA	STATE ZIP CODE AREA CODE/PHONE

Verification

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MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)

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

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AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

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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.

By Signsture of Controlling Officeholder, Candidate, State Messure Proponent	Executed on Date
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	Executed on
By Signatura of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Spons	Executed on
By Signature of Treasurer of Assistant Treasurer	Executed onDate

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W	Attach continuation sheets if necessary	Attach continuatio	STATE ZIP CODE AREA CODE/PHONE
OPPOSE			COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
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ttee Listnames of	eholder Commit	7. Primarily Formed Candidate/Officeholder Committee List names of	JAME OF THEASURER CONTROLLED COMMITTEE?
			COMMITTEE NAME
DISTRICT NO. IF ANY	DISTR	OFFICE SOUGHT OR HELD	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.
	OPONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
ure proponent, if any.	idate, or state measu	identify the controlling officeholder, candidate, or state measure proponent, if any	448 RUSSEN RU ROAND STREET) CITY STATE ZIP
OPPOSE			Supervisor Distict 4
	ON .	BALLOT NO. OR LETTER JURISDICTION	TYAN KELL (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
		NAME OF BALLOT MEASURE	NAME OF OFFICEHOLDER OR CANDIDATE
	Committee	6. Primarily Formed Ballot Measure Committee	Officeholder or Candidate Controlled Committee
go 2 of 17	Page		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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Statement covers period 1-1-16

SUMMARY PAGE

Collumn B CALENDAR YEAR TOTAL TOOME S 2 184. S 2 184. S 2 184. S 2 184. Contributions S 2 184. Condidates 20. Contributions Received S 2 184. Condidates 21. Expenditure Limit Summary for State Candidates Candidates Candidates Candidates Comulative Expenditures Made* (If Subject to Voluntary Expenditures Limit) Date of Election (mm/dof/yy) S 2 184. Condidates Total to Date Amounts in Column B. At othe corresponding amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) Line 3	Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS
		72 yan Kelley
through 4 - 23-10 Page 3 of		SEE INSTRUCTIONS ON REVERSE

Schedule A Monetary Contributions Received

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

from 1-1-16 Statement covers period

81-168	Page 4	FORM
7052	of 17	

Schodule A Summary					18/16	3/0/1		3/8/16	DATE F RECEIVED	70,20
Nimmary					Esculley, OA 42227	Eddie Wiest	Brawley, CA 92201	Brawley In	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Ryan Kelley
		OOD OON OO OO	O PTY SCC	O D D D O S C C C C C C C C C C C C C C C C C C	SCC	ND COM	□ PTY □ SCC	NOO IND	CONTRIBUTOR CODE *	
	SUBTOTAL\$ 3,500								IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
	3,500				7.000) /	1,000	1. 2001	AMOUNT RECEIVED THIS PERIOD	
									CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	-18
									PER ELECTION TO DATE (IF REQUIRED)	81-1687052

- 2. Amount received this period unitemized monetary contributions of less than \$100\$ Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.).....
- 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

IND - Individual *Contributor Codes

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

FPPC Form 460 (Jan/2016)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

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DATE RECEIVED FULL NAME, STREET ADDRESS AND ZII BY8/16 Brawley Inc By8/16 Radie Wiest Bddie Wiest Bddie Wiest Busselled Brawle	ADDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE ALSO ENTER I.D. NUMBER) TAA SCAWLEY (A 5222) BEANIEL (A 9227)	CONTRIBUTOR CODE * CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) BULLY OF BUSINESS) POWNET PESIDENT TERMINEST NAME TESIDENT NA	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DATE PER ELECTION TO DATE (IF REQUIRED)
		CONTRIBUTOR CODE * CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RSWAND TO OWNESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN 1-DEC. 31)	
- 0	Ley In Brawley CA 5227 Wrest Rd Brawley (A 9227)	D COM CC COM COM COM COM COM COM COM COM	Business owner resident	\$ 1,800 %		
	Brawley (A 5227) Rd Brawley (A 9227)	□ □ □ □ □ SCC □ PTY	resident	42,500		
	Pd Brawley (92227	OCC PTY H M	resident	42,500		
	Pd Brawly of 922"	□□ PTY		-		
		DDDD NB				
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			\$ IVICION	SUBTOTAL \$ 3 100		

*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

Amounts may be rounded

SCHEDULE B - PART 1

Schodiilo B Simmani		O IND COM COTH CPTY CSCC			OSC DOTH DPTY DSCC			TO IND COM COTH C PTY C SCC	None	***	FULL NAME, STREET ADDRESS AND ZIP CODE OCC	Ryan Kelley	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE	Loans Received
											IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)				
	SUBTOTALS \$	\$									OUTSTANDING BALANCE BEGINNING THIS PERIOD				to whole dollars
	P *	s			5						AMOUNT RECEIVED THIS PERIOD				•
	\$	(n)	S FORGIVEN	□ PAID		\$FORGIVEN	PAID	\$	FORGIVEN	☐ PAID	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *				
	\$	DATE DUE	6		DATE DUE			DATE DUE	-		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD			through 4-23-16	Statement covers period
(Enter (e) on Schedule E, Line 3)	\$		RATE			RATE		\$	RATE		(e) INTEREST PAID THIS PERIOD	•		3-16	ers period
		DATE INCURRED	<i>s</i>		DATE INCURRED			DATE INCURRED	<i>پ</i>		ORIGINAL AMOUNT OF LOAN		I.D. NUMBER	Page 4	CALIFORNIA FORM
		\$	PER ELECTION**	CALENDAR YEAR	05	PER ELECTION**	CALENDAR YEAR	5	PER ELECTION**	CALENDAR YEAR	CUMULATIVE CONTRIBUTIONS TO DATE			of <u>17</u>	^{IA} 460

Schedule B Summary

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

Ŋ Loans paid or forgiven this period..... (Total Column (c) plus loans under \$100 paid or forgiven.)

Enter the net here and on the Summary Page, Column A, Line 2

(Include loans paid by a third party that are also itemized on Schedule A.)

†Contributor Codes

IND - Individual COM - Recipient Committee (other than PTY or SCC)

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

(May be a negative number)

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

Loan Guarantors Schedule B - Part 2

Amounts may be rounded to whole dollars.

from 1-1-16	Statement covers period	
FORM 400	CALIFORNIA A CO	SCHEDULE B - PART 2

															2020		FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Ryan Kelly	SEE INSTRUCTIONS ON REVERSE	
	scc	OTH OTH	СОМ	□ iš b	□scc	HIO	COM	Scc	PTY	HTO			Scc	O PTY		i i	CONTRIBUTOR			
			•														IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			
SUBTOTAL		DATE		LENDER		OATE	LENDER		r r	DATE	LENDER				OAT.	LENDER	LOAN			
S JATC					-														through 4) ;
ф									_								AMOUNT GUARANTEED THIS PERIOD		63	11-22-11
Enter on Summary Page, Line 17 only	5	(IF REQUIRED)		CALENDAR YEAR	5	PER ELECTION (IF REQUIRED)	CALENDAR YEAR	5		PER ELECTION	\$	CALENDAD VEAD		(IF REQUIRED)	PER FI FOTION	CALENDAR YEAR	CUMULATIVE TO DATE	1.D. NUMBER	Page 1	
			-														BALANCE OUTSTANDING TO DATE	1.D. NUMBER 81-1687052	of 17	

Nonmon Schedule C

Amounts may be rounded to whole dollars.

SCHEDULE C

Noninonetary Contributions Received) and	Statement covers benou		CALIFORNIA	460
				·	4-23-16	<u></u>	SS	
SEE INSTRUCTIONS ON REVERSE				rnrougn	1 1	'	Page	악
NAME OF FILER						4	LD. NUMBER	~
Kyan Kellay							1-1	81-1687052
DATE FULL NAME, STREET ADDRESS AND RECEIVED (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)	YEAR	PER ELECTION TO DATE (IF REQUIRED)
NOWE	□ IND □ COM □ OTH □ PTY □ SCC							
	O SCC					:		
	□ IND □ COM □ OTH □ PTY □ SCC							
	□ COM □ OTH □ SCC							
Attach additional information on appropriately labeled continuation sheets	continuation s	heets.	SUBTOTAL \$	L \$	Ø	रा हे		

Schedule C Summary

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

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

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

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FPPC Form 460 (Jan/2016)

SCC - Small Contributor Committee

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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			to whole dollars.	outs may be rounded
		through 4-23-16	Statement covers period from 1-1-16	
2501891-18	I.D. NUMBER	Page 9 of 17	CALIFORNIA 460	SCHEDULE D

								=		DATE	P-Ha
	☐ Support ☐ Oppose			☐ Support ☐ Oppose				☐ Support ☐ Oppose	None	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	R-Han Kelley
	Independent Expenditure	Nonmonetary Contribution	Monetary Contribution	Expenditure	Contribution	Nonmonetary	Monetary Contribution	-	Monetary Contribution Nonmonetary Contribution	TYPE OF PAYMENT	
\$ SUBTOTAL										DESCRIPTION (IF REQUIRED)	
Ø										AMOUNT THIS PERIOD	
等 推										CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	87
										PER ELECTION TO DATE (IF REQUIRED)	2501891-18

Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)......\$

2. Unitemized contributions and independent expenditures made this period of under \$100......\$100.....

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NAME OF FILER Candidates, Measures and Committees Supporting/Opposing Other Summary of Expenditures (Continuation Sheet) 1242 DATE 2000 None NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, ☐ Support ☐ Support ☐ Support Support OR COMMITTEE ☐ Oppose ☐ Oppose ☐ Oppose Oppose TYPE OF PAYMENT] Monetary Contribution Independent Expenditure | Nonmonetary | Contribution Independent Expenditure Independent Expenditure Monetary Contribution Nonmonetary Contribution Monetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Nonmonetary Contribution Amounts may be rounded to whole dollars. DESCRIPTION (IF REQUIRED) SUBTOTAL \$ through 4-23-16 Statement covers period AMOUNT THIS
PERIOD Ø スートー CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) Page (0 CALIFORNIA 460 81-(687052 I.D. NUMBER SCHEDULE D (CONT.) PER ELECTION TO DATE (IF REQUIRED) of 17

Schedule D

Payments Made Schedule E

Amounts may be rounded to whole dollars.

Statement covers period 1-1-16

SEE INSTRUCTIONS ON REVERSE ハカヤン through. 81-1687052 I.D. NUMBER

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

OFC MTG office expenses meetings and appearances

몽 phone banks petition circulating

POL POS polling and survey research professional services (legal, accounting) postage, delivery and messenger services

print ads

N FN

campaign literature and mailings

legal defense

independent expenditure supporting/opposing others (explain)*

civic donations

candidate filing/ballot fees

fundraising events

contribution (explain nonmonetary)*

campaign workers' salaries returned contributions

t.v. or cable airtime and production costs candidate travel, lodging, and meals

TRC TRS

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

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

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Ryan Kelley Brawley	1	Sacred Heart Brawley, Or 92227	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
dule D.	C	I	FND	CODE OR
SUBTOT	CMP Fundraiser File	filing fees	Golf Tournment	OR DESCRIPTION OF PAYMENT
SUBTOTAL\$ /315, 52	\$378.52	\$ 837.	\$\loo.	AMOUNT PAID

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.).....
- 2. Unitemized payments made this period of under \$100......
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).......

Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...... \$

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

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Schedule E Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ryan Kelley

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

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

CALIFORNIA 460

Page 12

I.D. NUMBER

2502891-18

* Payments that are contributions or independent expenditures must also be summarized on Schedule D	.29			Nore	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* Civic donations CVC civic donations CNC civic donations PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRO professional services (legal, accounting)
mmarized on Schedule D.		•			CODE OR	the payment, you may enter the code. MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POL polling and survey and messenger services PRO professional services (legal, accounting) PRT print ads
SUBTOTAL \$					DESCRIPTION OF PAYMENT	Otherwise, describe the payment. 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 VVEB information technology costs (internet, e-mail)
\$					AMOUNT PAID	ls ne candidate/sponsor e-mail)

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

100gh 4-23-14	Statement covers period
Page /3	CALIFORNIA FORM
of 	4

Accrued Expenses (Unpaid Bills)	from 1-1-16	FORIS
	through 4.23-14	Page 13 of 17
SEE INSTRUCTIONS ON REVERSE		
NAME OF FILER		I.D. NUMBER
THEY Kelley		2501891-18
CODES: If one of the following codes accurately describes the payment, you may enter the code. Other	Otherwise, describe the payment.	
CODES: If one of the following codes according adaptings the payment, you may offer the seast offer		

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	 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.). 	1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	Schedule F Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		Nove	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, CMP campaign paraphernalia/misc. CNS campaign consultants CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, RAD MRR member communications RAD MRR member communications OFC office expenses SAL TEL PHO phone banks FPO phone banks FPO postage, delivery and messenger services TRS POS postage, delivery and messenger services TRS PRO professional services (legal, accounting) WEB
r the difference here and	iule F, Column (c) subtota ayments on accrued expe	hedule F, Column (b) sub ccrued expenses under \$		SUBTOTALS \$			CODE OR DESCRIPTION OF PAYMENT	the payment, you may enter the code. MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads
***************************************	als for payments on enses under \$100.)	totals for 100.)		8			(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	shier the code. Others ces ces arch essenger services gal, accounting)
NET \$		INCURRED TOTALS \$		\$			(b) AMOUNT INCURRED THIS PERIOD	
	PAID TOTALS \$_	RRED TOTALS \$_		\$			(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	radio airtime and production costs returned contributions returned contributions (campaign workers' salaries t.v. or cable airtime and production costs t.v. or cable airtime and production costs (candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
May be a negative number	Ø	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Ø			(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	e candidate/sponsor

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

Accrued Expenses (Unpaid Bills) Schedule F Continuation Sheet)

Amounts may be rounded to whole dollars.

from 1-1-16	Statement covers period

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81-1687052 LD. NUMBER Page _

NAME OF FILER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, Youan Rellan describe the payment.

CNS CTB campaign paraphernalia/misc. contribution (explain nonmonetary)* civic donations independent expenditure supporting/opposing others (explain)* fundraising events candidate filing/ballot fees POS OFC. MTG polling and survey research office expenses meetings and appearances member communications phone banks petition circulating Œ SAL campaign workers' salaries candidate travel, lodging, and meals t.v. or cable airtime and production costs returned contributions radio airtime and production costs

professional services (legal, accounting) postage, delivery and messenger services TRS TRS information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals voter registration

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

print ads

FND

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legal detense

campaign literature and mailings

		None	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
\$ SUBTOTALS			CODE OR DESCRIPTION OF PAYMENT
Þ			(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD
Ø			(b) AMOUNT INCURRED THIS PERIOD
\$			(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)
þ			(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

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Schedule G

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

Amounts may be rounded to whole dollars.

from_ Statement covers period 1/1/6

through. となる 1/6

> CALIFORNIA FORM

Page (5 81-1687052 D. NUMBER 앜

SEE INSTRUCTIONS ON REVERSE NAME OF FILER RYAN スタニヘン

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

FND ₽CVC CNS CTB 크윤 CMP campaign paraphernalia/misc campaign consultants civic donations contribution (explain nonmonetary)* legal defense candidate filing/ballot fees independent expenditure supporting/opposing others (explain)* fundraising events OFC POS PP 뫈 MTG MBR member communications meetings and appearances postage, delivery and messenger services polling and survey research petition circulating office expenses professional services (legal, accounting) phone banks TRS RFD voter registration campaign workers' salaries returned contributions

campaign literature and mailings print ads information technology costs (internet, e-mail) staff/spouse travel, lodging, and meals candidate travel, lodging, and meals transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs radio airtime and production costs

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

		NONC	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID, NUMBER)
			CODE
			OR
			DESCRIPTION OF PAYMENT
			AMOUNT PAID

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

Attach additional information on appropriately labeled continuation sheets

TOTAL* \$

Schedule H Loans Made to Others*

I.D. NUMBER		
Page 16 of (7	through 4-23-16	
CALIFORNIA 460	Statement covers period from 1-1-16	Amounts may be rounded to whole dollars.
SCHEDULE H		

*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.	S			· ·	NONC		FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER OF RECIPIENT (#F SELF-EMPLOYED, ENTER NAME OF BUSINESS) (#F COMMITTEE, ALSO ENTER 1.D. NUMBER) (#F COMMITTEE, ALSO ENTER 1.D. NUMBER)	NAME OF FILER RYAN Kelley	
\$	<i>S</i>	FORGIVEN	PAID		FORGIVEN	Ola4	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		
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	\$	PER ELECTION**	CALENDAR YEAR	-	PER ELECTION**	CALENDAR YEAR	CUMULATIVE LOANS TO DATE	S1-168782	

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

Schedule H Summary

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Schedule I Miscellaneous Incre

SEE INSTRUCTIONS ON REVERSE

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	Amounts may be rounded		SCHEDOLE
ases to Cash	to whole dollars.	Statement covers period from 1-1-16	CALIFORNIA 460
		through 4-23-16	Page (7 of 17
7 11 .			I.D. NUMBER
1 Kelley			81-1687052
FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	٥	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
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1. Itemized increases to cash this period.\$

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

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

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Campaign Statement Cover Page			PECENED -	CALIFORNIA 460
	Statement covers period from $\frac{4-24-16}{5}$	Date of election if applicable: (Month, Day, Year)	JUL 0 8 2016 MEERIAL COUNTY RECISTRAR OF VOTERS	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 5-21-16			
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 Officeholder, Candidate Controlled Committee Primarily Formed Ballot N Officeholder, Candidate Controlled Committee Officeholder, Candidate Ballot N Officeholder,	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Ass Complete Part 6)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination)	ation)	Quarterly Statement Special Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee A	Primarily Formed Candidate/ Officeholder Committee (Ass Complete Ped 7)	Amendment (Explain below)	ow)	
	81-1687052	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE)	an Kelley	MALING ADDRESS HYB RUSSELL Dd HYB RUSSELL Dd	11 22	
		Brawley, C		92727 (760) 455-6582
T OR P.O.	2) CODE AREA CODE/PHONE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	IF ANY	
CITY STATE ZIP CODE	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	E AREA CODE/PHONE
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	Executed on	Executed on	Executed on
By Signature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candigate, State Measure Proponent or Responsible Officer of Sponsor	By Column Kelley Signature of Treasurer or Assistant Treasurer

	s if necessary	Attach continuation sheets if necessary	Attach	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
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SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of	ormed Candidate/Officeholder Committee List n or candidate(s) for which this committee is primarily formed.	date/Officeholder	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
Ϋ́NΥ	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	are primarily formed to receive lidacy.	not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	not included in this state contributions or make e
	7	CEHOLDER, CANDIDATE, OR PROPONENT	NAME OF OFFICEHOLDER, CANDIC	tement: List any committees	Related Committees Not Included in this Statement: List any committees	Related Committee
ent, if any.	ontrolling officeholder, candidate, or state measure proponent, if any.	older, candidate, or s	Identify the controlling officeho	U CA 9.2227	RESIDENTIAL/BUSINESS ADDRESS (NO.AND STREET) CITY STATE Z	RESIDENTIAL/BUSINESS
SUPPORT OPPOSE	000	JURISDICTION	BALLOT NO. OR LETTER	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE	OFFICE SOUGHT OR HEL
		***	NAME OF BALLOT MEASURE		ER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	ittee	Measure Commi	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Ca

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Amounts may be rounded to whole dollars.

Statement covers period

through 5-21-16 from 4-24-16

> CALIFORNIA FORM ' 460

SUMMARY PAGE

Page 3 of 17

ts structions on reverse in Column B above	(& ENDING CASH BALANCE	Balance	Took Cook Statement	Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Nonmonetary Adjustment Schedule C, Line 3 NOTAL EXPENDITURES MADE Add Lines 8+9+10 Add Lines 8+9+10	7 Loans MadeSchedule H, Line 3 Schedule H, Line 3 W Schedule H, Line 3 700.	Expenditures Made Schedule E, Line 4 \$ 700,00	Schedule C, Line 3	Monetary Contributions	I OND 00	NAME OF FILER ZYAN KEULY	INSTRUCTIONS ON REVERSE
only carry over the amounts from Lines 2, 7, and 9 (if any).	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,	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some		sh hshc :	\$ 3,484.48	\$ 2,484.48	l	084.4	Column B CALENDAR YEAR TOTAL TO DATE		200
FPPC Form 460 (Jan/20		*Amounts in this section may be different from amounts reported in Column B.		Date of Election Total to Date (mm/dd/yy)	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Expenditure Limit Summary for State Candidates	res \$ 2,015,5	1/1 through 6/30 7/1 to Date 20. Contributions 4 500 s	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	I.D. NUMBER	

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

Monetary Contributions Received Schedule A

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period 4-24-16

CALIFORNIA 460 SCHEDULE A

through 5-21-16

81-1687052 I.D. NUMBER

						DATE RECEIVED	
					Paul Cameron 232 S. El Cerrito Dr. 755awley, CA 92222	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Kyan Kelley
	□ IND □ COM □ OTH □ PTY □ SCC	OPTY SCC	SCC SCC	OD PTY SCC	□ SCC	CONTRIBUTOR CODE *	
SUBTOTAL \$ 1,000	42.7				Seifonoloyed	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
1,000					\$ 1,000	AMOUNT RECEIVED THIS PERIOD	
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	2/8
						PER ELECTION TO DATE (IF REQUIRED)	81-1687052

Schedule A Summary

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

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

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Monetary Contributions Received Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars.

from 4-24-16

Statement covers period

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CALIFORNIA 460

						DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF FILEB KYAN Kelley	
	DDDDD SCC SCC SCC SCC SCC SCC SCC SCC SC	O D O O O O O O O O O O O O O O O O O O	OD OTH H	DD D IND	OTH SCC	CONTRIBUTOR CODE *		
SUBTOTAL \$						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		
\$						AMOUNT RECEIVED THIS PERIOD		through <u>5-21-16</u>
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	⊘ 1.D	
						TE PER ELECTION TO DATE (IF REQUIRED)	81-1687052	Page <u>5</u> of <u>7</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

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Enter the net here and on the Summary Page, Column A, Line 2.		Loans paid or forgiven this period		Schedule B Summary		TO IND COM COTH PTY SCC		5	OSC DALG BUO COW CO CON COL			OSC ALA CI HIO COW CO CIN CIT	NONC		FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RYON Kelley	SEE INSTRUCTIONS ON REVERSE	Schedule B – Part 1 Loans Received
/ Page, Column A, Line 2.	0 paid or forgiven.) are also itemized on Schedule		s of less than \$100.)		SUB	- S			ن. ا			<u>۵</u>			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) BEC			to
2.	Э. А.)				SUBTOTALS \$.				\$			40			OUTSTANDING AND BALANCE RECE BEGINNING THIS PERIOD			to whole dollars.
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(May be a negative number)				W	Ø	DATE DUE			DATE DUE			DATE DUE			OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		through 5 - 2 (Statement covers period $4 - 24 - 16$
(S)		 } } } } } !	3)	Schedule E. Line 3)	(Enter (e) on		RATE		\$	RATE		\$	RATE		(e) INTEREST PAID THIS PERIOD		-/6	rs period
- 1	1 1 7					DATE INCURRED	(r)		DATE INCURRED	6		DATE INCURRED			ORIGINAL AMOUNT OF LOAN	81-16870S	Page (6	CALIFORNIA FORM
ornan Contributor Commutee	ommittee oTY or SCC) usiness entity)	Ë				\$	PER ELECTION**	CALENDAR YEAR		PER ELECTION**	CALENDAR YEAR	80	PER ELECTION**	CALENDAR YEAR	CUMULATIVE CONTRIBUTIONS TO DATE	2502.2	of [7]	^{IA} 460

Loan Guara Schedule B J

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	to whole dollars.		Statement covers period	CALIFOR	NIA A NO
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			through	-	Page of
				I.D. NUMBER	
				8/-/0	81-1687052
CONTRIBUTOR	IF AN INDIVIDUAL ENTER			CHMI ATIVE	BALANCE
		Amounts may be rounded to whole dollars. IF AN INDIVIDUAL ENTER OCCUPATION AND ENTER		Statement covers period from 4-24-16 through 5-21-16	Statement covers period CALII from 4-24-16 Fo through 5-21-16 Page -

Enter on Summary Page Line 17 only.	OTAL \$ \$	SUBTOTAL			
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(IF REQUIRED)		DATE		□ OTH □ PTY □ SCC	
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PER ELECTION (IF REQUIRED)		DATE		□ OTH	NOND
CALENDAR YEAR		LENDER		COM	
CUMULATIVE TO DATE	AMOUNT GUARANTEED THIS PERIOD	LOAN	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)
					RYAN Kelley
	through C				SEE INSTRUCTIONS ON REVERSE

Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

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Statement covers period 4-24-16

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SEE INSTRUCTIONS ON REVERSE				nrougn 🔾		Page	of 4 /
NAME OF FILER						1.D. NUMBER	1.D. NUMBER 81-1687052
DATE FULL NAME, STREET ADDRESS AND RECEIVED (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)	E TO YEAR C 31)	PER ELECTION TO DATE (IF REQUIRED)
NONE	OSCC						
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	OIND ONTH						
	□ IND □ COM □ SCC				,		
Attach additional information on appropriately labeled continuation sheets	continuation s	sheets.	\$UBTOTAL	L\$ B			

Schedule C Summary

ф	TOTAL \$	3. Total nonmonetary contributions received this period.
\$		2. Amount received this period – unitemized nonmonetary contributions of less than \$100
B	₩	Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

*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

FPPC Form 460 (Jan/2016)

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Supp Summary of Expenditures Schedule D

NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OF DATE MANDE OF CANDIDATE, OFFICE AND DISTRICT, OR MEASURE NUMBER OF DATE MEASURE NUMBER OF DATE MEASURE NUMBER OF DATE CONMITTEE MEASURE NUMBER OF CANDIDATE, OFFICE AND DISTRICT, OR CONTROLLOR CONTROLL	Supporting/ Supporting/ Candidates	Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees	Amounts may be rounded to whole dollars.	rounded lars.	Statement covers period from $\frac{4-24-16}{5-24-16}$	ers period - 16
ANDIDATE, OFFICE, AND DISTRICT, OR UMBER OF LETTER AND JURISDICTION. OR COMMITTEE Monetary Contribution Monetary Contribu	TRUCTION	S ON REVERSE			1	ō
MAME OF CANDIDATE, OFFICE AND DISTRICT OR MEASURE NUMBER OR LETTERAND JURISDICTION. Monetary	ME OF FILER	an Kelley			-	
Oppose Oppose	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	CALENDAF CALENDAF (JAN. 1 - DE
Support		None				
Support Oppose		Support 🔲	Expenditure			
Support						
Oppose		Support	I -			
Oppose						
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Schedule D Summary

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

B

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

Amounts may be rounded to whole dollars.

through 5-21-16	from 4-24-16	Statement covers period	
Page 10 of 17	FORM 400	SCHEDULE D (CONT.)	

NAME OF FILER				1		I.D. NUMBER
	ナンタン スクニケン			-		01-160100
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)	O DATE PER ELECTION YEAR TO DATE (IF REQUIRED)
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	☐ Support ☐ Oppose	Expenditure				
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	Support Oppose	Expenditure				
			SUBTOTAL	\$		

Payments Made Schedule E

Amounts may be rounded to whole dollars.

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7-21-16

CALIFORNIA FORM

Page __

81-168705

SEE INSTRUCTIONS ON REVERSE 100 X01100 through O I.D. NUMBER

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

OFC MTG office expenses meetings and appearances SAL 펄 RFD

PET petition circulating

CTB CNS

contribution (explain nonmonetary)*

campaign consultants

civic donations

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legal defense

campaign literature and mailings

FND Ξ CVC

fundraising events candidate filing/ballot fees

S

independent expenditure supporting/opposing others (explain)*

phone banks postage, delivery and messenger services polling and survey research

TRC

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

professional services (legal, accounting)

TSF TRS information technology costs (internet, e-mail voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

EMIS WEEK SPONSOrship Hidalgo Societa Dawing OA Brawley, NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) S 92227 かとり FND D V CODE Fundraiser tundraises Tundraises DESCRIPTION OF PAYMENT 64 00 100 AMOUNT PAID 500. 18

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)......

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

SUBTOTAL \$

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- Unitemized payments made this period of under \$100...
- ω Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)

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Schedule E Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period

through 5-21-16 from 4-24-16

SCHEDULE E (CONT.)

81-1687052	I.D. NUMBER	Page 12 of 17

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			NONC	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the 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)* POS LEG legal defense LT campaign literature and mailings PRT	NAME OF FILER RYAN Kelley
summarized on Schedule D.				CODE OR	payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	
SUBTOTAL \$				DESCRIPTION OF PAYMENT	Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	1.D. NUMBER
7				AMOUNT PAID	s ne candidate/sponsor ∍-mail)	81-1687052

Accrued Expenses (Unpaid Bills) Schedule F.

Amounts may be rounded to whole dollars.

Statement covers period from 4-24-16

CALIFORNIA FORM

Page 13

through 5-21-16

of 17

81-1687052

Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and	 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.). 	1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			NONA	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) DESCR	ollowing codes accurately describes the MBR misc. monetary)* PET PHC POS Supporting/opposing others (explain)* PRC PRC	NAME OF FILEBRUGO Kelley	INSTRUCTIONS ON REVERSE
the second of the second	Column (c) subtot	e F, Column (b) sub expenses under \$	SUBTOTALS \$	- 11	3		CODE OR DESCRIPTION OF PAYMENT	payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads		
	als for payments on enses under \$100.)	ototals for	\$	7			(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD			
		INCL	Ø				(b) AMOUNT INCURRED THIS PERIOD	Otherwise, describe the payment. RAD radio airline and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airline and proc TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, an TRS transfer between committee VOT voter registration WEB information technology costs		
	PAID TOTALS \$	INCURRED TOTALS \$	þ				AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	describe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same can voter registration information technology costs (internet, e-mail)		
	S	\$ \$	à				D OUTSTANDING D BALANCE AT CLOSE OF THIS PERIOD	n costs als reals e same candidate	81 - 1687052	

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

Ryan Kelley

Amounts may be rounded to whole dollars.

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

CALIFORNIA 460

Page 14

81-1687052

		NONE	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	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 LEG legal defense * Payments that are contributions or independent expenditures must also be summarized on Schedule D. MBR member communications MBR member communications MFR member communications ATG meetings and appearances OFC office expenses OFC office expenses FET petition circulating PHO phone banks POL polling and survey research PRO professional services (legal, accounting) PRT print ads * Payments that are contributions WEB information technology costs
\$ STALOLARS		ß.	CODE OR DESCRIPTION OF PAYMENT	s the payment, you may enter the code. MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads also be summarized on Schedule D.
\$			(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	enter the code. Othens nces nces nces esarch messenger services egal, accounting) ule D.
Ø			(b) AMOUNT INCURRED THIS PERIOD	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, a TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost
Ø			(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
\$			(d) OUTSTANDING BALANCE AT CLOS OF THIS PERIOD	s ne candidate/sponsor >-mail)

Schedule G

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

Amounts may be rounded to whole dollars.

from 4-24-16 Statement covers period

through 2-21-16

Page 15

CALIFORNIA FORM 460

SCHEDULE G

1.D. NUMBER 8/-/687052

SEE INSTRUCTIONS ON REVERSE

NAME OF AGENT OR INDEPENDENT CONTRACTOR ノカアハ ろ

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

contribution (explain nonmonetary)* candidate filing/ballot fees OFC MTG MBR meetings and appearances member communications petition circulating office expenses phone banks polling and survey research

걸벌

TRS

staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs

campaign workers' salaries returned contributions

civic donations

campaign consultants

fundraising events

campaign literature and mailings independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services professional services (legal, accounting) print ads TSF information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor

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

LIT LEG B FNS cVc CNS

legal defense

Attach additional information on appropriately labeled continuation sheets.		NONC	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE ALSO ENTER LD. NUMBER)
			CODE
		 <u> </u>	OR
TOTAL* \$ -G-			DESCRIPTION OF PAYMENT
ф		:	AMOUNT PAID

^{*} 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.

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www.fppc.ca.gov

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5 Schedule H

Amounts may be rounded

m4-24-16	Statement covers period
FORM	CALIFORNIA
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Enter the net here and on the Summary Page, Column A, Line 7.)	(Total Column) (c) plus uniterritized payments of less than a roo., Net change this period (Subtract Line 2 from Line 1.)	2. Payments received on loans	(Total Column (b) plus unitemized loans of less than \$100.)	Schedule H Summary		*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.					Nowe		FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER LD. NUMBER)	NAME OF FILER RYAN Kelley	SEE INSTRUCTIONS ON REVERSE	Loans Made to Others*
y Page, Column A, Line 7.)	from Line 1)	onto of loss than \$100 \	of less than \$100.)			n reommittee must n must also be							IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	ley		
					21	SUBTOTALS				5			(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD			to who
						* Ø	S			S			AMOUNT LOANED THIS PERIOD	:		to whole dollars.
	N T					*	<u>د</u>	FORGIVEN	PAID		FORGIVEN	PAID	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*			
- 4 - 1	NET *	 ₩		e		\$	DATE DUE			DATE DUE			OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		through 5-2/	from 4-24-16
(May be a negative number)	þ	8	}	Ø	(Enter (n) on Schedule I, Line 3)	\$ A	\$	RATE %		σ,	RATE %		(e) INTEREST RECEIVED		7-16	16
ı		'					DATE INCURRED			DATE INCURRED	Í		ORIGINAL AMOUNT OF LOAN	S () J6	Page 16	FORM
			If Required					PER ELECTION	CALENDAR YEAR		PER ELECTION**	CALENDAR YEAR	CUMULATIVE LOANS TO DATE	1.D. NUMBER 8 (- /687052	of (7	46U

Schedule I Miscellaneous Increases to Cash

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

DATE RECEIVED

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

NOND

Amounts to w

through 5 21-16	Statement covers period from 4-24-16
Page (CALIFOR

SCHEDULE

I.D. NUMBER

81-1687052

AMOUNT OF INCREASE TO CASH

DESCRIPTION OF RECEIPT

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

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

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manufactor on one

Recipient Committee Campaign Statement Cover Page

Date Stamp COVER PAGE

Campaign Statement Cover Page	, i	RECEIVED	FORM 460
Statement covers period from $6-22-16$	Date of election if applicable: (Month, Day, Year)	IMPERIAL COUNTY	Page of
SEE INSTRUCTIONS ON REVERSE through 6-30-16		RECISERAR OF VOTERS	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	:	
Officeholder, Candidate Controlled Committee State Candidate Election Committee Committee Committee Committee Controlled Sponsored Also Complete Part 8) General Purpose Committee Sponsored Sponsored Sponsored Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	ation)	Quarterly Statement Special Odd-Year Report
3. Committee Information 1.D. NUMBER 87052 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) 2 YOU Kelley	Treasurer(s) NAME OF TREASURER KOSYN Kelley MAILING ADDRESS 448 RUSSell R	ell 65	
STREET ADDRESS (NO P.O. BOX) 448 RUSSELL RU STATE ZIP CODE AREA CODE/PHONE TO CODE AREA CODE/PHONE AND STREET OR P.O. BOX	- UI 1	ATE ZI	PCODE AREA CODE/PHONE (76) 455-6582
CITY STATE ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL ADDRESS	S	

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.

Type: The district of the dist	ッ人のことでもがら
Date	Signature of Treasurer of Assistant Treasurer
Type it had no	Kilo- E Hiller
Date	Signature of Controlling Officeholder, Candidate State Measure Proponent or Responsible Officer of Sponsor
Executed on	By
Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent
ecuted on	By

5. Officeho

Page X

CITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	not included in this stateme contributions or make expe	Related Committees	RESIDENTIAL/BUSINESS ADD	SUPPOS US	RYON Kelley	5. Officeholder or Cano
STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX)	ī	SIAIE ZIP CODE	(NO			not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statement: List any committees	RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZI	SUPPOSITION AND DISTRICT NUMBER IF APPLICABLES	(e)	Officeholder or Candidate Controlled Committee
DE AREA CODE/PHONE	YES NO	CONTROL ED COMMITTEES	DE AREA CODEPHONE		CONTROLLED COMMITTEE?	1.D. NOMBER	re primarily formed to receive lacy.	ement: List any committees	A STATE ZIP	NUMBER IF APPLICABLE)		ttee
Atta	NAME OF OFFICEHOLDER OR CANDIDATE	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any	BALLOT NO. OR LETTER	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee			
Attach continuation sheets if necessary					lidate/Officehold			DIDATE, OR PROPONEN	holder, candidate, or	JURISDICTION		ot Measure Comm
's if necessary	OFFICE SOUGHT OR HELD	rmed Candidate/Officeholder Committee List names of r candidate(s) for which this committee is primarily formed.		DISTRICT NO. IF ANY	П	state measure propor			ittee			
	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	names of		ANY		телt, if any.	SUPPORT OPPOSE	:	

Summary Page Campaign Disclosure Statement

Amounts may be rounded

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Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS. 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH PAYMENT, Line 4 16. ENDING CASH BALANCE 17. Loans Made 18. Subertive Notinnary Fage. Line 4 18. Subertive Voluntary Expenditures Made' 19. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Cumulative Expenditures Made' 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. Column A Line 3 above 18. Subertive Voluntary Expenditures Made' 19. Accrued Expenditure Limit Summary Fage. Line 4 20.00 20. Cumulative Expenditures Made' 21. Cumulative Expenditures Made' 22. Cumulative Expenditures Made' 22. Cumulative Expenditures Made' 23. Line 4 24. Line 3 24. Line 3 25. Line 4 26. Column B. 26. Accrued Expenses in Column B. 27. Candidates 28. Cumulative Expenditures Made' 28. Cumulative Expenditures Made' 29. Cumulative Expenditures Made' 20. Line 19. Accrued Made amounts in Column B. 20. Accrued State of Cultures Made' 20. Cumulative Expenditures Made' 20. Cumulative Expenditures Made' 20. Cumulative Expenditures Made' 20. Cu	TOTAL THIS PERIOD TOTAL THE STATE ONTRIBUTIONS Schedule A. Line 3 Schedule G. Line 3 Sche	ement covers period CA
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Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period

from 5-22-16 through 6-30-16

> CALIFORNIA 46 SCHEDULE A

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D. NUMBER	7
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						DATE RECEIVED	、アンタへ
					MONE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	C Kelley
	DDDDD SCC SCC	ODDOTH SCC	SCC PTY H MO	O PTY SCC	O SCC	CONTRIBUTOR CODE *	
SUBTOTAL \$						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
Ø						AMOUNT RECEIVED THIS PERIOD	
						CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	-18
						PER ELECTION TO DATE (IF REQUIRED)	81-1687052

Schedule A Summary

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

*Contributor Codes

COM - Recipient Committee (other than PTY or SCC) IND - Individual

OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received	to whole dollars.	olars.	Statement covers period from $5-22-16$ through $6-30-16$	-(6	CALIFORNIA 460 FORM Page 5 of 17	
NAME OF FILER	Yan Kelley					I.D. NUMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DATE PER ELECTION AR TO DATE AR (IF REQUIRED)	- z
	MONE	O SCC					
		O PTY					
		□ IND □ COM □ OTH □ SCC					
		□ IND □ COM □ OTH □ PTY SCC					
		O SCC					
			\$UBTOTAL	Ø			

*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

Sche Loan

Amounts may be rounded

eriod	
AL IEODAIIA	SCHEDULE B
	LE B - PART 1

3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2		(lotal Column (b) plus uniternized loans of less than \$100.) 2. Loans paid or forgiven this period	1. Loans received this period	Schedule B Summary		T IND COM OTH PTY Scc			TO IND COM OTH OFTY SCC			OOS CLALC HIO COW COW CON CON	2020		FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER DE COMMITTEE, ALSO ENTER I.D. NUMBER)	Ryan Kelley	SEE INSTRUCTIONS ON REVERSE	Schedule B – Part 1 Loans Received
2 from Line 1.) Page, Column A, Line 2.	D paid or forgiven.) are also itemized on Scheduk	of less than \$100.)			SUE	47			м						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) BEI			to
	e A.)				SUBTOTALS \$ 🔗	400			*			\$			OUTSTANDING AMOUNT BALANCE RECEIVED THIS BEGINNING THIS PERIOD			to whole dollars.
NET \$	•	s A	⋄	רי	\$	<i>s</i> ,	\$	PAID	<u>"</u>	S	☐ PAID	\$	\$ FORGIVEN	☐ PAID	AMOUNT PAID OR FORGIVEN THIS PERIOD *		## ## ## ## ## ## ## ## ## ## ## ## ##	fr
(May be a negative number)		Q		Set	\$	DATE DUE \$	(P)		DATE DUE \$, 		DATE DUE S	5		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		through 6-30	Statement covers period from 5-22-16
scc	077	IND †Co		(Enter (e) on Schedule E, Line 3)	Ø		RATE			RATE %			RATE		(e) INTEREST PAID THIS PERIOD		30-16	s period
t	COM Recipient Committee (other than PTY or SCC) OTH Other (e.g., business entity) PTY Political Party	†Contributor Codes IND – Individual				DATE INCURRED			DATE INCURRED			DATE INCURRED	\$		ORIGINAL AMOUNT OF LOAN	81-1687052	Page (CALIFORNIA FORM
Small Contributor Committee	mmittee TY or SCC) usiness entity)					5	PER ELECTION**	CALENDAR YEAR	\$	PER ELECTION **	CALENDAR YEAR	\$	PER ELECTION**	CALENDAR YEAR	CUMULATIVE CONTRIBUTIONS TO DATE	37052	of 17	[™] 460

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

FPPC Form 460 (Jan/2016)
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Schedule B - Part Loan Guarantors

		Amounts may be rounded]		SCH	SCHEDULE B - PART 2
Schedule B – Part 2 Loan Guarantors		to whole dollars.	fro	Statement covers period from 5-22-16	CALIFOR FORM	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			thi	through 6-30-16		Page 7 of 17
NAME OF FILEBRYAN Kellay		Œ			81-16	81-1687052
FULL NAME, STREET ADDRESS AND	CONTRIBUTOR	CONTRIBUTOR OCCUPATION AND EMPLOYER	000	AMOUNT	CUMULATIVE	BALANCE

																	Nove	3		FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	□scc	□ PTY	Потн	OM :		scc	OPTY	ПОТН	COM	□IND	□scc	OPTY	Полн	СОМ	ONIC	∐ scc	□ PTY	HTO		CONTRIBUTOR CODE
																				IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
SUBTOTAL \$			DATE		LENDER			DATE		LENDER			DATE		LENDER			DATE	LENDER	LOAN
Ø,						•														AMOUNT GUARANTEED THIS PERIOD
Enter on Summary Page, Line 17 only.			PER ELECTION (IF REQUIRED)	\$	CALENDAR YEAR	\$		(IF REQUIRED)	\$	CALENDAR YEAR	5		PER ELECTION (IF REQUIRED)	-	CALENDAR YEAR	40		PER ELECTION (IF REQUIRED)	CALENDAR YEAR	CUMULATIVE TO DATE
												•								BALANCE OUTSTANDING TO DATE

Nor Schedule C

Amounts may be rounded to whole dollars.

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Nonmonetary Contributions Received SEE INSTRUCTIONS ON REVERSE				from $5-22-16$ through $6-30-16$		CALIFORNIA 460 FORM Page 3 of 17
Ryan Kelley					≪ .5	8/-1687052
DATE FULL NAME, STREET ADDRESS AND RECEIVED (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)	TO PER ELECTION TO DATE EAR (IF REQUIRED)
NONE.	OTH					
	□ IND □ COM □ PTY □ SCC					
	□ JND □ COM □ PTY □ SCC					
	OTH			:		5
Attach additional information on appropriately labeled continuation sheets	continuation s	sheets.	SUBTOTAL \$	de properties		

Schedule C Summary

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

*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

FPPC Form 460 (Jan/2016)

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

Amounts may be rounded to whole dollars.

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CALIFORNIA

SEE INSTRUCTIONS ON REVERSE	ONS ON REVERSE			through O	I.D. NUMBER \$\frac{2}{2} \leq \frac{1}{2} \frac{2}{2} \frac{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \f
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)
	None	Monetary Contribution Nonmonetary Contribution			
	☐ Support ☐ Oppose	Expenditure			
		Monetary Contribution Nonmonetary Contribution Independent			
	☐ Support ☐ Oppose	Expenditure			
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent			
	Support Oppose	Expenditure		\	
			SUBTOTAL	\$	

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)......\$

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2. Unitemized contributions and independent expenditures made this period of under \$100......\$

Q

NAME OF FILER RYQN Candidates, Measures and Committees Supporting/Opposing Other Summary of Expenditures DATE NONE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION.
OR COMMITTEE Support ☐ Support ☐ Support Support Kelley ☐ Oppose Oppose Oppose Oppose TYPE OF PAYMENT | Monetary Contribution Independent Monetary Independent Expenditure Independent Nonmonetary Contribution Monetary Expenditure Nonmonetary Contribution Nonmonetary Monetary Expenditure Independent Contribution Nonmonetary Contribution Contribution Expenditure Contribution Contribution Amounts may be rounded to whole dollars. (IF REQUIRED) SUBTOTAL \$ through. from > AMOUNT THIS PERIOD Statement covers period \$ 6-30 22-16 77-CALENDAR YEAR (JAN. 1 - DEC. 31) 81-1687052 CALIFORNIA I.D. NUMBER Page 10 FORM PER ELECTION TO DATE (IF REQUIRED) 으

Schedule D

(Continuation Sheet)

SCHEDULE D (CONT.)

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Payments Made Schedule E

Amounts may be rounded to whole dollars.

through 6-50-Statement covers period -22-16 81-1687052 CALIFORNIA Page 1 I.D. NUMBER

from 2

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

154an

campaign paraphernalia/misc

campaign consultants

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

member communications

meetings and appearances

office expenses

petition circulating

phone banks

returned contributions radio airtime and production costs

campaign workers' salaries

EE SA t.v. or cable airlime and production costs

TRC candidate travel, lodging, and meals

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

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

ᄪ

legal defense

campaign literature and mailings

FND cyc CTB CMP

fundraising events candidate filing/ballot fees

civic donations

contribution (explain nonmonetary)*

Ä

independent expenditure supporting/opposing others (explain)*

PQ

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

print ads

	Brawley, CA 92227.	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	DND DND	CODE OR
	Dinnes ticket Fundraiser	R DESCRIPTION OF PAYMENT
	\$ 200,	AMOUNT PAID

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....

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

SUBTOTAL \$

200.

200

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

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TOTAL \$

200.

Schedule E Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

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Kelley

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

Amounts may be rounded to whole dollars.

Statement covers period

through 6-30-16 from 5-22-16

SCHEDULE E (CONT.)

CALIFORNIA 460

Page 12 of 17

I.D. NUMBER

2506891-18

* Pa)					LIT FND FND CWP
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			NONC	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings
e summariz	:				MBR MBR MARK MARK MARK MARK MARK MARK MARK MAR
ed on Sched					member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
lule D.				CODE	appearance appearance s ting trey researc ery and mes ervices (lega
				OR	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads
				DESCRIPTION	RAD SAL TRC TRS TRS TSF VOT WEB
\$UBTOTAL				DESCRIPTION OF PAYMENT	radio aritime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals rransfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
4				AMOUNT PAID	e candidate/sponsor

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

through 6-30-16 Statement covers period 122-16 CALIFORNIA 460 Page 13 of 17

SCHEDULE F

from L

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment SEE INSTRUCTIONS ON REVERSE NAME OF FILER CAR KOLLAN 81-1687052 I.D. NUMBER

* Payrr summa				LE G CVC
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		NONE	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings
\$ SUBTOTALS		1	CODE OR DESCRIPTION OF PAYMENT	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads
Ø			(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	ces ces arch essenger services
\$			(b) AMOUNT INCURRED THIS PERIOD	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost
φ			(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration
0			(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	s ne candidate/sponsor ≻-mail)

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

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

ω

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

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period -22-16

from 2 through 6-30-16

Page 14

CALIFORNIA **FORM**

1.D. NUMBER 81-1687052

LEG ND FND CVC CVC CNS CMP CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, Ε * Payments that are contributions or independent expenditures must also be summarized on Schedule D. となると campaign paraphernalia/misc. campaign literature and mailings civic donations legal defense fundraising events candidate filing/ballot fees contribution (explain nonmonetary)* campaign consultants independent expenditure supporting/opposing others (explain)* NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PRO PRO PRT POL PHO MTG OFC PET CODE OR DESCRIPTION OF PAYMENT meetings and appearances professional services (legal, accounting) office expenses print ads postage, delivery and messenger services polling and survey research phone banks petition circulating member communications SUBTOTALS \$ (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD 40 (b) AMOUNT INCURRED THIS PERIOD ş TRS 垣 몽 TSF TRC describe the payment. information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals campaign workers' salaries returned contributions radio airtime and production costs (c)
AMOUNT PAID
THIS PERIOD
(ALSO REPORT ON E) **BALANCE AT CLOSE** Ф OF THIS PERIOD (d) OUTSTANDING

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

through 6-30-16

CALIFORNIA

FORM

SCHEDULE G

Page__

I.D. NUMBER

20-1-7052

NAME OF AGENT OR INDEPENDENT CONTRACTOR > 0 SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

campaign paraphernalia/misc. contribution (explain nonmonetary)" M G office expenses member communications meetings and appearances

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

PET

petition circulating

TSF TRC TRS 몽 표 staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs transfer between committees of the same candidate/sponsor campaign workers' salaries returned contributions

radio airtime and production costs

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

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

legal defense

campaign literature and mailings

FND 000 CNS CNS

civic donations

candidate filing/ballot fees fundraising events

campaign consultants

Z

Attach additional information on appropriately labeled continuation sheets.		Nove	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)
			CODE
			OR
			DESCRI
			DESCRIPTION OF PAYMENT
	io		PAYMENT
10			
TOTAL* \$ 2			
D			AMOUNT PAID
1			PAID

^{*} 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.

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Loar Schedule H

Amounts

hole	may
dollars.	be rounded
	ed

FORM 400	om 5-22-16
CALIFORNIA A CO	Statement covers period
SCHEDULE H	

Loans Made to Others*		to who	to whole dollars.		from 5-22-16	-	FORM	400
SEE INSTRUCTIONS ON REVERSE					through 6-30-16	21-0	Page 16	of 17
NAME OF FILER RUAN Keller	2	:					1.D. NUMBER 81-1687052	87052
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	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
				PAID				CALENDAR YEAR
2020				FORGIVEN		RATE		PER ELECTION**
		\$	\$	1	DATE DUE	S	DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
			5	\$	DATE DUE	\$	DATE INCURRED	
*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.	r committee must n must also be	SUBTOTALS	\$	Ö	\$	4		
						(Enter (e) on Schedule I, Line 3)		

Schedule H Summary

Payments received on loans (Total Column (c) plus unitemized payments of less than \$100.)	Loans made this period (Total Column (b) plus unitemized loans of less than \$100.)	
	B	В

**If Required

p

(May be a negative number)

Schedule I

Amounts may be rounded to whole dollars.

SCHEDULE I

Miscellaneo	Miscellaneous Increases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS (ON REVERSE		through 6-38-14	Page 17 of 17
NAME OF FILER RYON	Ryan Kelley			1.D. NUMBER 87052
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	NONE			
Attach addition	Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL \$	\$
Schedule Summary 1. Itemized increases to ca	sh this period		\$	
 Unitemized in Total of all interminant 	\$100 this period on loans made to	lule H, Column (e).)	\$ \$	
4. Total miscella Summary Pag	Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	1, 2, and 3. Enter here and on the	TOTAL \$	