

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp	CALIFORNIA FORM 460	
RECEIVED in the office of the Secretary of State of the State of California	Page	of
FEB 23 2023		
RECEIVED MAR 13 2023		

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure
 State Candidate Election Committee Controlled Committee
 Recall Sponsored
(Also Complete Part 5)

General Purpose Committee Primarily Formed Candidate/
 Sponsored Officeholder Committee
(Also Complete Part 6)

Small Contributor Committee Primarily Formed Candidate/
 Political Party/Central Committee Officeholder Committee
(Also Complete Part 7)

3. Committee Information

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

Committee to Elect Ryan Kelley Imperial County Supervisor 2020

STREET ADDRESS (NO P.O. BOX)

STATE ZIP CODE AREA CODE/PHONE

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

robyn.kelley90@yahoo.com

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 2-19-2023 Date _____

By _____ Signature of Treasurer or Assistant Treasurer

Executed on 2/19/2023 Date _____

By _____ Signature of Co-Propounder or Responsible Officer or Sponsor

Executed on _____ Date _____

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

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



**Recipient Committee
Campaign Statement
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COVER PAGE - PART 2

**CALIFORNIA 460
FORM**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Ryan Kelley

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

Imperial County Supervisor District #4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

4 [REDACTED]

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.

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 PROPOSER

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

DISTRICT NO. IF ANY

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

CITY STATE ZIP CODE AREA CODE/PHONE

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Attach continuation sheets if necessary