

Recipic Committee  
Campaign Statement  
Cover Page

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

2. Type of Statement:

- ☒ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER  
1418685

COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE)

Committee to Elect Ryan Kelley Imperial County Supervisor 2020

Treasurer(s)

NAME OF TREASURER

Robyn Kelley

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

STATE ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS

[REDACTED]

STATE ZIP CODE

AREA CODE/PHONE

[REDACTED]

STATE ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS

CITY 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

Executed on 2-19-2023

By [REDACTED] Signature of Treasurer or Assistant Treasurer

Executed on 2/19/2023

By [REDACTED] Signature of Co-Propponent or Responsible Officer of Sponsor

Executed on

By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Propponent

Executed on

By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Propponent

Date Stamp

CALIFORNIA FORM 460

COVER PAGE

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of the State of California

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FEB 23 2023

MAR 13 2023

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# Recipient Committee Campaign Statement Cover Page — Part 2

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE <b>Ryan Kelley</b>	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) <b>Imperial County Supervisor District #4</b>	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP <b>4 [REDACTED]</b>

**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