Recipient Committee Campaign Statement Cover Page

Date Stamp: Registrar of Voters JAN 10 2025 Imperial County

CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from July 1, 2024
through Dec 31, 2024

Date of election if applicable: (Month, Day, Year)
March 5, 2024

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

- [x] 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:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [x] Termination Statement
  - (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Ryan Kelley Imperial County Supervisor 2024

STREET ADDRESS (NO P.O. BOX) [redacted]

CITY STATE ZIP CODE AREA CODE/PHONE [redacted]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Robyn Kelley

MAILING ADDRESS [redacted]

CITY STATE ZIP CODE AREA CODE/PHONE [redacted]

MAILING 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 1-9-2025 (Date) By [redacted] (Signature of Treasurer or Assistant Treasurer)

Executed on 1/8/2025 (Date) By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Committee to Elect Ryan Kelley Imperial County Supervisor 2024

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

County Supervisor District 4

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

[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.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ 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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from July 1, 2024 through Dec. 31, 2024

CALIFORNIA FORM 460

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Ryan Kelley Imperial County Supervisor 2024

I.D. NUMBER

92-2787181

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 17,720.	$ 0
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 17,720.	$ 0
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 17,720.	$ 0

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 9,000.	$ 8,720
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 9,000.	$ 8,720
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 9,000.	$ 8,720

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 17,720
13. Cash Receipts	*Column A, Line 3 above*	0
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	0
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 17,720

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* — $ 0

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $ 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).

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	$ 17,720.00	$ 0
21. Expenditures Made	$ 9,000.00	$ 8,720.00

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.

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
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CALIFORNIA FORM 460

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Committee to Elect Ryan Kelley Imperialcounty Supervisor 2024

I.D. NUMBER
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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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Donut Ave. 601 S. Brawley Ave. Brawley, CA 92227	TRC	Meal	$ 15.40
Johnnys 490 D St Brawley, CA 92227	TRC	Meal	$ 44.08
Donut Ave. 601 S. Brawley Ave. Brawley, CA 92227	TRC	Meal	$ 27.45
Walmat 250 Wildcat Dr. Brawley, CA 92227	FND	Items for Fund raiser	$ 203.91
Golden Acorn gas 1800 Golden Acorn Way Campo, CA 91906	TRC	Gas –	$ 49.45

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

SUBTOTAL $ 340.

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Sun Community 1080 S. Brawley Ave Brawley, CA 92227	TRC	Vehicle use during campaign	$ 2,916.62
Verizon 2060 N. Imperial ave El centro, Ca 92243	WEB	Electronic Technology Equipment use	$ 990.15
Sun Community 1080 S. Brawley Ave Brawley, CA 92227	FIL	Bank Fees	$ 28.00
124 W. 9th. Street Suite 101 Thermal, CA 92274	TRC	Traveling around the Salton Sea	$ 500.00
24 hour tire HWY 10 LA, CA	TRC	Emergency road repair reimbursement	$ 800.00

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SUBTOTAL $ 5,234.77

Schedule E (Continuation Sheet) Payments Made

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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
Conor Kelley 923 W. Angeleno Ave Burbank, CA 91506	WEB	Technology help with design	$ 500.00
Corban Dillon 123 Main St. Westmorland, Ca 92281	WEB	Electronic Technology assisted	$ 500.00
Sun Community 1080 S. Brawley Ave Brawley, CA 92227	FIL	Bank Fees	$ 28.00
Calipatria Foundation P.O. Box 443 Calipatria, CA. 92233	FND	Fundraiser	$ 250.00
Walmart 250 Wildcat Dr Brawley, CA 92227	FND	Basket Donation Supplies	$ 66.76

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SUBTOTAL $ 1,344.76

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Robyn Kelley [redacted]	CMP	Reimburse from 1/1 to 12/30/24	$ 1,800.00

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

SUBTOTAL $ 1,800.00