Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

See instructions on reverse

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

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

2. Type of Statement:
   - [ ] Prelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

   Quarterly Statement
   Special Odd-Year Report
   Supplemental Prelection Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER 1247989
   Committee to Elect Bob Kelley

   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Atascadero
   CA
   93422

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   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 07/18/2011
   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on 07/18/2011
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 888/ASK-FPPC (886/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Kelley</td>
<td>--</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Atascadero City Council</td>
<td>--</td>
</tr>
</tbody>
</table>

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
|------------------------------------------------|--|------|--|-----|
| Atascadero, Ca 93422                             |--|--|--|

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES       NO</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
<th></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions .................................................. $0
2. Loans Received ............................................................... $0
3. SUBTOTAL CASH CONTRIBUTIONS ................................. $0
4. Nonmonetary Contributions ............................................ $0
5. TOTAL CONTRIBUTIONS RECEIVED ................................ $0

## Expenditures Made

6. Payments Made ........................................................... $0
7. Loans Made ................................................................. $0
8. SUBTOTAL CASH PAYMENTS .......................................... $0
9. Accrued Expenses (Unpaid Bills) ................................. $0
10. Nonmonetary Adjustment ............................................... $0
11. TOTAL EXPENDITURES MADE ....................................... $0

## Current Cash Statement

12. Beginning Cash Balance ........................................... $135.68
13. Cash Receipts ............................................................ $0
14. Miscellaneous increases to Cash .................................. $0
15. Cash Payments ........................................................... $0
16. ENDING CASH BALANCE ............................................ $135.68

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

17. LOAN GUARANTEES RECEIVED ..................................... $0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ........................................................ $911.24
19. Outstanding Debts ....................................................... $911.24

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- **Contributions Received**: $911.24
- **Expenditures Made**: $0

### Expenditure Limit Summary for State Candidates

- **Cumulative Expenditures Made**: $0

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

---

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)