COVER PAGE

CALIFORNIA

FORM Cover Page 1 Page_ Date of election if applicables (Month, Day, Year) LL Statement covers period For Official Use Only from 01/01/2022 CAMPAIGN FINANCE through 06/30/2022 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☑ Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement O Sporisored (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) ☐ General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1389556 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER RJ Kelly for Water Director 2016 Patricia A Kelly MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE Newhall 91321 CA 661-510-1024 CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Newhall 91321 661-510-1025 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS rikelly39@hotmail.com murphybryantkelly@hotmail.com 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 foreg By_ it or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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Recipient Committee Campaign Statement Cover Page — Part 2

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Officeholder or Candidate Controlled Commit	ttee			6.	Prim	arily Formed Ballo	t Measure C	Committee	,	
NAME OF OFFICEHOLDER OR CANDIDATE					NAME	OF BALLOT MEASURE				·
RJ Kelly for Water Director 2016										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	ICT NUMBER IF	APPLICA	BLE)		BALLO	OT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Castaic Lake Water Board Director, Division 1	· · · ·								i l	OPPOSÉ
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	ry Iewhall	STATE	ZIP 91321		Identi	fy the controlling office	holder, candid	late, or state	measure pro	ponent, if any.
					NAME	OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candidate.	are primarlly for				OFFIC	E SOUGHT OR HELD			DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER								L	
NAME OF TREASURER	CONTROLLED	COMMIT	TEE?	. 7.	. Prim	arily Formed Cand holder(s) or candidate(s)	lidate/Office for which this	eholder Co	mmittee L	ist names of led.
	☐ YES	□ №			NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	JGHT OR HELI	5
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)		,		NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OK HELI	☐ SUPPORT☐ OPPOSE
CITY STATE ZIP CO	DDE AF	REA COD	E/PHONE		NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELI	D SUPPORT
·				į.						OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELI	
NAME OF TREASURER	CONTROLLED	COMMIT	TEE?		NAME	OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELI	Dayson
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	☐ YES	□ NO								SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BI	OA)				_		,			
CITY STATE ZIP CO	DDE AF	REA COD	E/PHONE			· A#a	ch continuatio	n chaate # n	acassan/	
						Atta	cii conunuauc	ni aliecta II li	ecessai y	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

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CALIFORNIA 460

Statement covers period

Summary Page				from 01/01/2022			FORM 460		
SEE INSTRUCTIONS ON REVERSE					through _	06/30/2022	Page3 of5		
NAME OF FILER							I.D. NUMBER		
RJ Kelly for Water Director 2016							1389556		
Contributions Received	(COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO D	YEAR		nmary for Candidates se State Primary and		
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.00			hrough 6/30 7/1 to Date		
2. Loans Received		0.00		0.00			inough 6/30 // to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00		20. Contributions Received \$	 \$		
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00		21. Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0.00	\$	0.00		Made \$	 \$		
Expenditures Made						Expenditure Limit	Summary for State		
6. Payments Made	\$		\$	220.00		Candidatés			
7. Loans Made Schedule H, Line 3		-150.00		0.00		22. Cumulati	ive Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$		\$	220.00			o Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)		0.00		0.00		Date of Election	Total to Date		
10. Nonmonetary AdjustmentSchedule C, Line 3		0.00		0.00		(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	-70.00	\$	220.00			\$		
Current Cash Statement]	\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$			calculate Colu					
13. Cash Receipts		0.00		ld amounts in C to the correspor		*Amounto in this posting	may be different from amounts		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	ar	nounts from Col	lumn B	reported in Column B.	may be different from amounts		
15. Cash Payments		-70.00		your last report mounts in Colum					
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	515.60		e negative figure nould be subtrac					
If this is a termination statement, Line 16 must be zero.			рі	evious period as is is the first rep	mounts. If				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fil	ed for this calen	dar y ear, e amounts	f			
Cash Equivalents and Outstanding Debts				om Lines 2, 7, a ny).	nd 9 (if				
18. Cash Equivalents See instructions on reverse	\$								
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00				Enne Add	FPPC Form 460 (Jan/2016))		
·			1			FPPC Advice: ad	vice@fppc.ca.gov (866/275-3772)		

Schedule E Payments Made	Amounts may b to whole do			from 0	FORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						Page _	MBER
RJ Kelly for Water Director 2016				•		13895	56
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	the payment, you meetings and office expens petition circul phone banks POL polling and suppostage, deliperon professional suppost print ads	munications I appearances es ating urvey researd very and mes	n senger services	RAD rac RFD ret SAL can TEL t.v. TRC can TRS sta TSF tra VOT voi	lio airtime and prodi urned contributions mpaign workers' sal or cable airtime an ididate travel, lodgi ff/spouse travel, lod	uction costs aries d production cost ng, and meals ging, and meals nittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DI	ESCRIPTION O	F PAYMENT		AMOUNT PAID
Los Angeles County Registrar Recorder		FIL	Late Filing Fee	,			160.00
		/		-			:
	-				,		
* Payments that are contributions or independent expenditures must also be si	ummarized on Sche	dule D.				SUBTOTAL	\$ 160.00
Schedule E Summary				·			
Itemized payments made this period. (Include all Schedule E Unitemized payments made this period of under \$100						\$ \$_6	50.00
3. Total interest paid this period on loans. (Enter amount from \$						4 —	220.00
4. Total payments made this period. (Add Lines 1, 2, and 3, En	ter here and on	the Summa	arv Page. Columr	n A. Line 6.)		TOTAL \$ 4	,20.00

			_	SCHEDULE					
Schedule H		nay be rounded le dollars.		Statement cove		CALIFORNIA 460			
Loans Made to Others*	•	from _01/01/2022				2	FORM 400		
					through 06/30/20	022	_ 5	. 5	
SEE INSTRUCTIONS ON REVERSE					through		Page 5	of	
NAME OF FILER	,						I.D. NUMBER		
RJ Kelly for Water Director 2016							1389556		
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d)	(e)	(f)	(9)	
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT O FORGIVENESS THIS PERIOD	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	LOANS TO DATE	
Ronald J "RJ" Kelly	Business Consultant/			₽ PAID				CALENDAR YEAR	
Roman I Reny	Self-Employed			. 150.00	_{\$} 0.00	0.00 _	s 2500.00	2500.00	
Newhall, CA 91321	John Employed		,	FORGIVEN	,	RATE	,	PER ELECTION**	
		150.00	0.00		6/24/2022	s 0.00	11/10/16	L	
		\$	\$	*	DATE DUE	,	DATE INCURRED	3	
				PAID				CALENDAR YEAR	
				s	s	%	s		
•			· ·	FORGIVEN		RATE	-	PER ELECTION**	
			.		.]			PERELECTION	
		\$,	\$	DATE DUE	\$	DATE INCURRED	.\$	
*Loans that are contributions to another candidate	or committee must	<u> </u>					Ye.		
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$0.00	\$ 150.00	\$ 0.00	\$ 0.00			
						(Enter (e) on	,		
						Schedule I, Line 3)			
Schedule H Summary					0.00				
1. Loans made this period					\$ 			****	
(Total Column (b) plus unitemized loan 2. Payments received on loans	s of less than \$100.)		,		\$	00	L	**If Required	
(Total Column (c) plus unitemized payr		***************************************					. –		
3. Net change this period. (Subtract Line :					NET \$ -150	.00			
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)			-				
					(May	be a negative number)			