Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Statement covers period from	Date of election if applicable (Month, Day, Year)	PECEIVE AUG 0 4 20 City Clerk's Of	Page F	FORNIA 460 1 of 23 or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	, see the second	งครามการกระที่สาราวารการการการการการการการการการการการการกา	an inacapaileura a processor productivo processo.	
I. Type of Recipient Committee: All Committees Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	- Complete Parts 1, 2, 3, and 4. 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 Termination Statement (Also file a Form 410 Te		Quarterly State Special Odd-Y Supplemental Statement - Af	ear Report
3. Committee Information	I.D. NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT	1366657	NAME OF TREASURER			
		Cheryl Kinsman			
Kelly Boyd for Council 2014		MAILING ADDRESS	<u></u>		
		32355 Coast Highway			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
32355 Coast Highway		Laguna Beach	CA	92651	949-499-8000
	IP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
Laguna Beach CA 9	2651 949-499-8000				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR I	P.O. BOX	MAILING ADDRESS			
CITY STATE Z	IP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDI	DESC		
	The state of the s	carol@kinsmans.com		•	
. Verification	The second secon				Consideration of the Constitution of the Const
I have used all reasonable diligence in preparing and revi	ewing this statement and to the hest of my kn	nutedae the information contained be	arein and in the attached	schedules is tru	e and complete. I certify
under penalty of perjury under the laws of the State of Cal			Jen and mine are conce	50,000,000	o and complete, rooms
8/4/14		Ukoner-	and the final state of the stat		•
Executed on	Ву	Signature of Treasurer or Assistant	Treasurer		
Executed on	Ву	80 P. C.			
Date	Signature of Co	ontrolling Officeholder, Candidate, State Measure Pr	reponent or Responsible Officer of	Sponsor	
Executed on	Ву			which of the Market State of the Commission of t	
Date	•	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		
Executed on	Ву	Simply re of Controlling Officeboider Candidate	Ciolo Magruro Economod		

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

Page 2 of 23

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		** · · · · · · · · · · · · · · · · · ·	-					
NAME OF OFFICEHOLDER OR CANI	DIDATE	•	f	NAME OF BALLOT MEASURE				
Kelly Boyd								
OFFICE SOUGHT OR HELD (INCLUD	DE LOCATION AND DISTRICT I	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON .		SUPPORT
Council Member, Laguna E	Beach							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET) CITY	STATE ZIP						
930 Canyon View Dr	Laguna B	each, CA 92651		Identify the controlling of			e measure pr	roponent, if an
**************************************		<u>, , , , , , , , , , , , , , , , , , , </u>		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	OPONENT		
Related Committees Not I	Included in this State	ment. List any committees						
not included in this statement tha	at are controlled by you or a	are primarily formed to receive	•	OFFICE SOUGHT OR HELD		Dt	ISTRICT NO. IF	ANY
contributions or make expenditur	res on behalf of your candid	dacy.		•		ļ		
COMMITTEE NAME		D. NUMBER	•					
				•				•
			7.	Primarily Formed Ca	ndidate/Offic	ceholder Com	nmittee Lis	t names of
NAME OF TREASURER		CONTROLLED COMMITTEE?		officeholder(s) or candidate	(s) for which th	ie cammittaa is n	rimarily forms	ari
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COMMITTEE ADDRESS OF	DEET ADDRESS AND DO DOY	☐ YES ☐ NO				OFFICE SOUGH		1
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)		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT
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Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

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Amounts may be rounded to whole dollars.

	SUMMARYPAGE
Statement covers period	CALIFORNIA 460
from	FURIVI -
through6/30/14	Page 3 of 23
 	I.D. NUMBER
	1000057

NAME OF FILER Kelly Boyd 1366657 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 17862 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 20. Contributions 17862 17862 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 144.36 144.36 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 18006.36 18006.36 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 1746.16 1746.16 Candidates 22. Cumulative Expenditures Made* 1746.16 1746.16 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 144.36 144.36 1890.52 1890.52 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 17862 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 1746.16 Column A may be negative 16115.84 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. 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 Cash Equivalents and Outstanding Debts any) 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

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Amounts may be rounded to whole dollars.

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Statement covers period

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SEE INSTRUCTIO	ONS ON REVERSE			through6/	30/14 Pa	ge4 of23
NAME OF FILER Kelly Boye					ì	NUMBER 66657
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 ~ DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/18/14	Susan Kempf	ØIND ☐COM ☐OTH ☐PTY ☐SCC	President, Mirion Technologies	360	360	
4/18/14	Linda Dietrich	☑IND □COM □OTH □PTY □SCC	Retired	360	360	
4/18/14	Cheryl Kinsman	☑IND □COM □OTH □PTY □SCC	CPA, Kinsman & Kinsman	360	360	
4/18/14	Michael Kinsman	☑IND □COM □OTH □PTY □SCC	College Professor, Pepperdine University	360	360	
4/25/14	Matt Lawson	DIND COM OTH PTY Sec	Venture Capitalist, Ventana Capital Mgt LP	360	360	SAMBERT FOR FREE F
			SUBTOTAL	\$. 1800.		
Amount re (Include al Amount re	A Summary ecceived this period – itemized monetary contributions. Il Schedule A subtotals.) ecceived this period – unitemized monetary contribution etary contributions received this period.			3122	IND-Ind COM-R (c OTH-O	tor Codes Ividual eciplent Committee Ither than PTY or SCC) ther (e.g., business entity) Ilitical Party mall Confributor Committee
	s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.) TOTAL \$_	17862	*F	PPC Form 460 (January/05

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Statement covers period

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NAME OF FILER						I.D. NUMB	
Kelly Boyd	1					136665	7
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
4/25/14	Mary Lawson	IND COM OTH PTY SCC	Retired	360	3	60	
5/6/14	Timothy Carlyle	☑IND □COM □OTH □PTY □SCC	Attorney, Timothy D Carlyle Attorney at Law	360	3	60	
5/14/14	Kenneth Frank	☑IND □COM □OTH □PTY □SCC	Retired	200	2	200	
6/3/14	Kathleen Hargrave	ZIND COM OTH PTY SCC	Self, Apex Imaging Services	360		360	
6/3/14	Bobbi Cox.	☑IND □COM □OTH □PTY □SCC	RE Broker, Bobbi Cox Realty	360		360	
			SUBTOTAL	s 1640			

SUBTOTAL\$

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.
Statement covers period		CALIFORNIA ACO
from	1-1-14	FORM 40U
through	6/30-14	Page 6 of 23
		I.D. NUMBER

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NAME OF FILER						I.D. NUM	BER
KELLY BO	YD					13666	57
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	CUMULATIVE TO		PER ELECT

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/3/14	Daniel Scinto III	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Pres & CEO-Orange County Associates Inc	360	360	
6/3/14	Jane Egly	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	360	360	
6/3/14	Gene Gratz	☑IND □COM □OTH □PTY □SCC	Attorney, Eugene C Gratz	360	360	
6/3/14	Ray Fontana	☑IND □COM □OTH □PTY □SCC	retired	200	200	
6/3/14	Terry Smith	☑IND □COM □OTH □PTY	retired	150	150	
			SUBTOTAL:	\$. 1430		

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SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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ME OF FILER			*		I.D. N	UMBER
KELLY BO	OYD .				1366	6657
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/3/14	Fred Karger	ØIND ☐COM ☐OTH ☐PTY ☐SCC	retired	100	100	
6/3/14	Chris Toy	☑IND □COM □OTH □PTY □SCC	retired	100	. 100	
6/5/14	Rick Balzer	☑IND □COM □OTH □PTY □SCC	RE Broker, Berkshire Hathaway	360	360	
6/5/14	Lyn Carlyle	☑IND □COM □OTH □PTY □SCC	homemaker	360	360	
6/5/14	Al Roberts	ZIND COM OTH PTY SCC	retired	100	100	
			SUBTOTAL	\$ 1020		

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

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				through 6/3	0-14 Page	8 of 23
NAME OF FILER KELLY BO	YD				1.D. NL 1366	MBER 657
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/10/14	Francine Scinto	☑IND □COM □OTH □PTY □SCC	Manager, OC Association	360	360	
6/10/14	Lucky Lippa	ØIND □COM □OTH □PTY □SCC	Male Model, Lippa Insurance Services	360	360	
6/10/14	Anders Lasater	☑IND □COM □OTH □PTY □SCC	Architect, Anders Lasater Architects	360	360	·
6/10/14	Greg MacGillivray	IND COM OTH PTY SCC	Film Maker, MacGillivray Freeman Films	250	250	
6/10/14	Marcy French	ZIND COM OTH PTY SCC	retired	100	100	
			SUBTOTAL	.\$ 1430		

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Morris Skenderian

Don Crevier

Colin Henderson

6/13/14

6/18/14

6/18/14

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Amounts may be rounded to whole dollars.

SCC NIND COM

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PTY
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NAME OF FILER KELLY BO	· · · · · · · · · · · · · · · · · · ·	संस्थातः ।		through 6/3	30-14	Page I.D. NUMI 136665	AAA
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
.6/10/14	Mary Kate Saunders	☑IND □COM □OTH □PTY □SCC	Physical Therapist, Mary Saunders Physical Therapy	150		50	
6/13/14	Bob Whalen	ZIND ☐ COM ☐ OTH ☐ PTY	Attorney, Stradling Yocca Carlson & Rauth	360	3	60	

Architect, Morris

Cars LLC

Retired

Skenderian & Assoc AIA

Dealer-Crevier Classic

SUBTOTAL\$

*Contributor Codes
IND—Individual
COM—Recipient Committee
(other than PTY or SCC)
OTH—Other (e.g., business entity)
PTY—Political Party
SCC—Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

360

150

100

360

150

100

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SCHEDULE A (CONT.)

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Statement covers period

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
6/18/14	Karl Koski	☑IND □COM □OTH □PTY □SCC	Retired	360	3	360	
6/20/14	R. D. McCormick	☑IND □COM □OTH □PTY □SCC	Retired	200	2	200	
6/20/14	Kathleen Blackburn	☑IND □COM □OTH □PTY □SCC	Retired	200	2	200	
6/24/14	Joe Hanauer	ZIND COM OTH PTY SCC	Investment Manager Combined Investments,LLC	360		360	
6/24/14	Gregg Abel	ØIND □COM	Architect	360		360	

Gregg Abel Design &

SUBTOTAL\$

Construction

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*Contributor Codes

IND - Individual

6/24/14

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

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SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

360

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Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
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NAME OF FILER KELLY BO	YD					NUMBER 66657
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/24/14	Larry Nokes_	☑IND □COM □OTH □PTY □SCC	Attorney Nokes & Quinn	360	360	
6/24/14	Paul Columbus	ZIND COM OTH PTY	Self Lifetime Memory Products	360	360	
6/24/14	Ivan Spiers	☑IND □COM □OTH □PTY □SCC	owner Mozambique	360	360	
6/24/14	Margaret Russell	☑IND □COM □OTH □PTY □SCC	Retired	360	360	
6/24/14	Christine Russell	☑IND □ COM □ OTH □ PTY □ SCC	Homemaker	360	360	
		The second secon	SUBTOTAL	.\$ 1800		

IND – Individual COM – Recipient Committee (other than PTY or SCC)

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*Contributor Codes

SCC - Small Contributor Committee

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SCHEDULE A (CONT.)

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KELLYBO) Y L)				13000	07
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/24/14	Kent Russell	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self Real Estate	360	360	
6/24/14	Mark Christy	☑IND □COM □OTH □PTY □SCC	Owner Hobie	360	360	
6/24/14	John Meehan	ZIND COM OTH PTY SCC	Self JRM Company LLC	350	350	
6/24/14	Jon Madison	☑IND □COM □OTH □PTY □SCC	Owner Madison Square Garden & Cafe	250	250	
6/24/14	Horst Noppenberger	ØIND ☐COM ☐OTH ☐PTY ☐SCC	Architect Horst Architects	250	250	
Albani Ad Marin Service Coloreste Colores III - Coloreste Colores			SUBTOTAL	\$ 1570		

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SCHEDULE A (CONT.)

Statement covers period

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NAME OF FILER KELLY BC	OYD ,·				1.D.N 1366	UMBER 6657
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/24/14	Arianna Noppenberger	☑IND □COM □OTH □PTY □SCC	Interior Designer Aria Design	250	250	
6/24/14	James McBride	ZIND COM OTH PTY SCC	CPA Keys & McBride CPAs	150	150	
6/24/14	Mary Ferguson	☑IND □COM □OTH □PTY □SCC	Retired	150	150	
6/24/14	Steven Walker	☑IND □COM □OTH □PTY □SCC	Pilot	140	140	
6/24/14	Anne Johnson	ZIND COM OTH PTY	Retired	100	100	

SUBTOTAL\$

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PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded to whole dollars.

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NAME OF FILER KELLY BC	OYD				1,D. NL 1366	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/24/14	Marvin Johnson	☑IND □COM □OTH □PTY □SCC	Retired	100	100	
6/24/14	Robert ZurSchmiede	IND COM OTH PTY SCC	Consultant Keily Assoc Management Group	100	100	
6/24/14	Robin ZurSchmiede	☑IND □COM □OTH □PTY □SCC	Attorney	100	100	
6/27/14	Lynda Fischbeck	ZIND COM OTH PTY SCC	Homemaker	360	360	
	North Color	OIND COM OTH PTY				
			SUBTOTAL	\$ 660		

*Contributor Codes
IND—Individual
COM—Recipient Committee
(other than PTY or SCC)
OTH—Other (e.g., business entity)
PTY—Political Party
SCC—Small Contributor Committee

Sched	ule	B-	Part	1
Loans	Red	eive	ed	

Type or print in ink.
Amounts may be rounded

			RT 1

Statement covers period

Kelly Boyd FULL NAME. STREET ADDRESS AND ZP CODE OF LENDER OF LEN	Loans Received		to whole dollars.			from1/1/14		FORM 400		
Description	SEE INSTRUCTIONS ON REVERSE				Annual An	through	6/30/14	Page 15	of	
FULL NAME, STREET ADDRESS IN Z IP COSE OF LEADER OF LEAD								I.D. NUMBER		
PULL NAME, STREET ADDRESS AND ZIP CODE OF LEADING OF LE	Kelly Boyd			•				1366657		
SERIOR S S S S S S S S S S S S S S S S S S S	OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT RECEIVED THIS	AMOUNT PAIL OR FORGIVE	BALANCEAT	G INTEREST	ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
SUBTOTALS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					☐ PAID				CALENDAR YEAR	
CALENDARY SUBTOTALS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					s	. \$ <u></u>	RATE	\$,	\$PER ELECTION**	
SCC-Small Contributor Community Source Sour	TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$	
SUBTOTALS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		•			-PAID				CALENDAR YEAR	
SUBTOTALS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					\$FORGIVEN	<u> </u>	RATE	*	\$PER ELECTION ***	
SUBTOTALS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$	
SUBTOTALS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					PAID				CALENDAR YEAR	
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (May be a negative number) (May be a negative number)			The state of the s		\$		RATE	\$	PER ELECTION **	
Schedule B Summary 1. Loans received this period	TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE		DATE INCURRED	s	
Schedule B Summary 1. Loans received this period			SUBTOTALS	\$	\$	\$	\$			
1. Loans received this period	Schedule B Summary		O Debug Balance and Annual Section (1997)					3)		
2. Loans paid or forgiven this period						Part .		†Contributor Code		
(Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	2. Loans paid or forgiven this period	·		140.4	\$		0	IND – Individual COM – Recipient C	Committee	
Enter the net here and on the Summary Page, Column A, Line 2.	(Include loans paid by a third party that	are also itemized on Sche	•					OTH - Other (e.g PTY - Political Pa	., business entity) rty	
	Net change this period. (Subtract Line Enter the net here and on the Summar	2 from Line 1.)y Page, Column A, Line 2.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NET \$ _	(May be a negative num	O (ber)	SCC-Small Conf	ributor Committee	
*Amounts forgiven or paid by another party also must be reported on Schedule A. FPPC Form 460 (January 1990) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275)		must be reported on Schedule A		*		p=1	DDC Tall for a Uni			

Schedule C Nonmonetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period 4/4/41

	•				from	1/1/14		FUR	(IV)
	gi nd				throug	6/30/1	4	Page1	6 of 23
SEE INSTRUCT	TIONS ON REVERSE				unoug	***			
NAME OF FILE	rt.							I.D. NUMBE	
Kelly Boy	/d							1366657	7
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE			PER ELECTION TO DATE (IF REQUIRED)
6/22/14	Cheryl Sykes	ØIND □COM □OTH □PTY □SCC	Homemaker	Fundraiser supplies		144.36		144.36	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC			·				
Attach ad	ditional information on appropriately labe	led continuat	ion sheets.	SUBT	OTAL \$	ji sa		- 100 St. 180 St. 1	
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)				\$	144.36	INE		
2. Amount	received this period – unitemized nonmonet	arv contributio	ons of less than \$100		\$	0			e.g., business entity)

3. Total nonmonetary contributions received this period. 144.36

PTY - Political Party SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period		CALIFORI	NIA	農	20	I
from	1/1/14	FORM		4	·OU	Ä
through	6/30/14	Page 17	7	of_	23	
		I.D. NUMBER	₹			
		1366657				

EE INSTRUCTION	IS ON REVERSE			through		-	O1
ME OF FILER Kelly Boyd						1.D. NÚME 136665	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE: CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTA	L \$			

1.	Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$_)
2:	Unitemized contributions and independent expenditures made this period of under \$100	\$_	() -
3.	Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$ _	(J

ayments Made Amounts may be rounded to whole dollars. Statement covers 1/1/14						CALIFORI FORIVI	
<u></u>	•	· · · · · · · · · · · · · · · · · · ·		through	6/30/14	Page 18	of23
SEE INSTRUCTIONS ON REVERSE				Linough		I.D. NÚMBEI	
NAME OF FILER							
Kelly Boyd						1366657	
CODES: If one of the following codes accurately describe	s the payment, yo	ou may enter the o	code. Other	wise, describe	the payment.		
MP campaign paraphernalia/misc.	MBR member.com				irtime and production	costs	•
CNS campaign consultants		d appearances			d contributions	-	
CTB: contribution (explain nonmonetary)* CVC civic donations	OFC office exper PET petition circu				ign workers' salaries able airtime and prod		
FIL candidate filing/ballot fees	PHO phone banks				ate travel, lodging, an		
-ND fundraising events		survey research			ouse travel, lodging,		
ND independent expenditure supporting/opposing others (explain)*		ivery and messenger			r between committee	s of the same	candidate/sponsor
EG legal defense		services (legal, accor	unting)	VOT voter r		,	
	PRT print ads			WEB informa	ation technology costs	s (internet, e-ma	ali)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE OR	DES	CRIPTION OF PAY	MENT		AMOUNT PAID
Cathy Nokes			· · · · · · · · · · · · · · · · · · ·				
3149 Bonn Dr		FND					335.27
Laguna Beach, CA 92651					•		
Super Dave's Print & Mail	######################################						
8935 Research Dr #100		LIT					874.90
Irvine, CA 92618							
Super Dave's Print & Mail							
8935 Research Dr #100		LIT					293.92
Irvine, CA 92618							
Payments that are contributions or independent expenditures	must also be sumn	narized on Schedule	D	144	S	UBTOTAL\$	1504.09
Schedule E Summary				1,000			The state of the s
Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$	1631.49
2. Unitemized payments made this period of under \$100						·\$	114.67

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

1746.16

Schedule E (Continuation Sheet)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA ACO
from1/1/14	FORM 400
through 6/30/14	Page 19 of 23
	I.D. NUMBER

rayments wade				from		
SEE INSTRUCTIONS ON REVERSE		unist.		through 6/30/14	Page 1	9 of <u>23</u>
NAME OF FILER					I.D. NUMBE	
Kelly Boyd					1366657	L THE STATE OF THE
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member coming meetings and OFC office expension petition circul PHO phone banks POL polling and services postage, deli	nunications I appearances ses ating urvey researd very and mes	3	Otherwise, describe the payment RAD radio airlime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airlime and pro candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committe VOT voter registration WEB information technology cos	n costs duction costs nd meals and meals es of the sam	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R .	DESCRIPTION OF PAYMENT	-	AMOUNT PAID
Linda Dietrich 452 Holly St Laguna Beach, CA 92651		POS				127.40
				·	- I and a constant of the cons	
•						
		in grave dokuma	Section of Astronomy			
* Payments that are contributions or independent expenditures must al	ica ha cummarizad on	Schodule D	The second secon		SUBTOTAL S	107/0

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.	Statement cov	ers period /14	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through 6/	30/14	Page 20	of <u>23</u>
IAME OF FILER Kelly Boyd		·			I.D. NUMBER 1366657	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey resupostage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned cont SAL campaign wo TEL t.v. or cable a TRC candidate trav TRS staff/spouse t	and production c ributions rkers' salaries irtime and produ vel, lodging, and ravel, lodging, a een committees tion	osts action costs meals nd meals of the same car	ididate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT I THIS PER (ALSO REPOR	NOD BALA	(d) JTSTANDING ANCE AT CLOSE THIS PERIOD
	The second secon	The state of the s				
		ANALY COMMENTO CO.	-			
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	t granes mentide	· \$ · · · · · · · · · · · · · · · · · ·	\$	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S	Schedule F. Column (b) su	thtotals for				

accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$

accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$

on the Summary Page, Column A, Line 9.)

NET \$ U

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

ise, describe the payment.	ge 21 of 23 NUMBER 366657
ise, describe the payment.	. NUMBER
ise, describe the payment.	366657
pradio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and mea staff/spouse travel, lodging, and not transfer between committees of the voter registration information technology costs (inter-	n costs ils neals ne same candidate/sponsor
TON OF PAYMENT	AMOUNT PAID
	L campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and mea staff/spouse travel, lodging; and r transfer between committees of th voter registration information technology costs (inte

•		
, tege (1990) on a company of the co	and the state of t	
	*	
		,

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

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^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

							and the second	SCHEDULE H	
Schedule H Loans Made to Others*		Type or print in ink. Amounts may be rounded to whole dollars.			Statement coverage 1/1	•	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE				LANGE	through6/3	30/14	Page 22	of	
NAME OF FILER	· · · · · · · · · · · · · · · · · · ·						I.D. NUMBER		
Kelly Boyd							1366657	dia a	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT (FORGIVENES THIS PERIO	CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				PAID				CALENDAR YEAR	
				·s	s	%	s	\$	
				FORGIVEN	L. Carlos	RATE		PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$	_ s	·	\$	\$	
				FORGIVEN	-	RATE		PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
*Loans that are contributions to another candid must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$			
						(Enter (e) on Schedule I, Line 3	}		
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)				\$)	**If Required	

2. Payments received on loans \$_

3. Net change this period. (Subtract Line 2 from Line 1.).

NET \$ U (May be a negative number)

(Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from1/1/14	CALIFORNIA 460
SEE INSTRUCTIONS	S ON REVERSE		through6/30/14	Page of
NAME OF FILER				I.D. NUMBER
Kelly Boyd				1366657
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		•		
Attach additional information on appropriately labeled continuation sheets.			SUBTOTA	L\$ 0
Schedule I	Market Control of the			
1. Itemized increases to cash this period.			,\$	MACHINE .
	increases to cash of under \$100 this period			
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)			\$	
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$				0