Recipient Committee  Campaign Statement  Cover Page  Government Code Sections 84200-84216.5)	Type or print in	ink.	RECEIVE FO	ALIFORNIA 460 FORM of 28	
EE INSTRUCTIONS ON REVERSE	Statement covers period 7/1/14 from 9/30/14	Date of election if applicable: (Month, Day, Year)	OCT 0 7 201 F City Clerk's Office City of Laguna Beach, CA	or Official Use Only	
Tune of Paciniant Committee		0.7	Timene para mandra meneral men	all	
. Type of Recipient Committee: All Co  Officeholder, Candidate Controlled Commit  State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored Small Contributor Committee Political Party/Central Committee		2. Type of Statement:  ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Tile ☐ Amendment (Explain bile)	Supplemental Statement - At	ear Report	
. Committee Information	1.D. NUMBER 1366657	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO Kelly Boyd for Council 2014	O COMMITTEE)	NAME OF TREASURER Cheryl Kinsman MAILING ADDRESS 32355 Coast Highway			
STREET ADDRESS (NO P.O. BOX) 32355 Coast Highway		city Laguna Beach	STATE ZIP CODE CA 92651	AREA CODE/PHONE 949-499-8000	
Laguna Beach C	ATE ZIP CODE AREA CODE/PHONE A 92651 949-499-8000	NAME OF ASSISTANT TREASU	IRER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STR	REET OR P.O. BOX	MAILING ADDRESS			
CITY - ST	ATE ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD carol@kinsmans.com			
Verification					
	g and reviewing this statement and to the best of my k ate of California that the foregoing is true and correct.	nowledge the information contained he	erein and in the attached schedules is tru	e and complete. I certify	
Executed on		Signature of Treasurer or Assistan	nTreasurer		
Executed on	BySignature of <sup>0</sup>	Controlling Officeholder, Candidate, State Measure P	roponent or Responsible Officer of Sponsor		
Executed on	. By	Signature of Controlling Officeholder, Candidate.	State Measure Proponent		
Executed on	ri	the second second			

			-		Committee		•
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	· · · · · · · · · · · · · · · · · · ·	······································		
Kelly Boyd							
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Council Member, Laguna Beach					· · · · · · · · · · · · · · · · · · ·		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN			Identify the controlling o	fficeholder, ca	indidate, or sta	ate measure	proponent, if a
930 Canyon View Dr	Laguna Beach, CA 92651		NAME OF OFFICEHOLDER, C	ANDIDATE, OR PF	ROPONENT		
	ed in this Statement: List any committees		OFFICE SOUGHT OR HELD			DISTRICT NO.	IE ANV
not included in this statement that are co contributions or make expenditures on be	ntrolled by you or are primarily formed to receive		OFFICE SOUGHT ON HELD			DISTRICT NO.	II ANI
•			**************************************				
COMMITTEE NAME	I D. NUMBER						
	<u> </u>	7					
NAME OF TREASURER	CONTROLLED COMMITTEE?	1.	Primarily Formed Ca	ndidate/Office/s) for which the	ceholder Co dis committee is	ommittee L primarily form	ist names of ned.
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate	e(s) for which th	is committee is	s primarily form	ist names of ned.
		1.	officeholder(s) or candidate	e(s) for which th	is committee is	ommittee L s primarily form IGHT OR HELD	med.
	☐ YES ☐ NO	1.	officeholder(s) or candidate	e(s) for which th	is committee is	s primarily form	med.
COMMITTEE ADDRESS STREET ADD	☐ YES ☐ NO	ι.	officeholder(s) or candidate	e(s) for which th	OFFICE SOU	s primarily form	SUPPOR
COMMITTEE ADDRESS STREET ADD	YES NO P.O. BOX)		NAME OF OFFICEHOLDER OF	e(s) for which the R CANDIDATE	OFFICE SOU	S primarily form	SUPPOR
COMMITTEE ADDRESS STREET ADD	YES [] NO PRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE		officeholder(s) or candidate	e(s) for which the R CANDIDATE	OFFICE SOU	G primarily form	SUPPOR
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COMMITTEE ADDRESS STREET ADD CITY  COMMITTEE NAME  NAME OF TREASURER	TYES NO  PRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  I D. NUMBER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OF OFFIC	e(s) for which the R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOU	S primarily form IGHT OR HELD IGHT OR HELD IGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from	FORM
through 9/30/14	Page of
	I.D. NUMBER
	1000057

NAME OF FILER Kelly Boyd 1366657 Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 34029 1. Monetary Contributions Schedule A, Line 3 7/1 to Date 1/1 through 6/30 20. Contributions 16167 34029 Received 0 144 Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 16167 34173 Made TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_ **Expenditure Limit Summary for State** Expenditures Made 9506 Candidates 7 Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made\* 9506 7729 (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) 144 9650 7729.27 **Current Cash Statement** 16115 To calculate Column B, add 16167 amounts in Column A to the 13: Cash Receipts ...... Column A, Line 3 above 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 7729 Column A may be negative 24553 figures that should be 16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15 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 anv). FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2'+ Line 9'in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule A **Monetary Contributions Received**

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

SCHEDULE A

Statem from	ent covers period 7/1/14	CALIFORNIA 460
through _	9/30/14	Page 4 of 28
	,	1.D. NUMBER 1366657

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Kelly Boy	d				13666	5/
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)
7/1/14	James Roy	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	150	150	
7/1/14	Elizabeth ininns	□IND □COM ØOTH □PTY □SCC	Teacher	100	100	
7/1/14	Marshall Ininns	☑IND □COM □OTH □PTY □SCC	Architect Marshall Ininns Design Group	100	100	
7/9/14	Paul Egly	☑IND □COM □OTH □PTY □SCC	Retired	360	360	
8/1/14	Bradley Barlow	ZIND COM OTH PTY	Venture Capitalist FPH Capital Partners LLC	360	360	
and the same of th			SUBTOTAL	<b>\$</b> 1070		
1. Amount re	A Summary  eceived this period – itemized monetary contributions.		. \$	14700		

1467 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

3. Total monetary contributions received this period. 16167 

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)

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period

from

7/1/14

NAME OF FILER Kelly Boyd				through 9/3	30/14	Page	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
8/1/14	Catherine Hall	ZIND COM OTH PTY SCC	Retired	360		360	
8/1/14	Arthur Kostka	☑IND □COM □OTH □PTY □SCC	Retired	360	•	360	
8/1/14	Terry Kostka	ZIND COM OTH PTY SCC	Retired	360		360	
8/1/14	Kathleen Kane	ZIND COM OTH PTY	Retired	100		100	
8/4/14	Dave Sanford	☑IND □COM □OTH □PTY □SCC	Director of Bus Develop Doctor's Ambulance Service	360		360	
			SUBTOTAL	L\$ 1540			

\*Contributor Codes

IND-Individual

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

		to whole o	ionars.	from7/1	/14	FORM	400
		•		through 9/3	30/14	Page 6	of28
NAME OF FILER KELLY BC	OYD					1.D. NUMBER 1366657	
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE IF REQUIRED)
8/12/14	Hank Weeks	☑IND □COM □OTH □PTY □SCC	Investor Franklyn Ventures	360	3	60	
8/12/14	Kim Weeks	☑IND □COM □OTH □PTY □SCC		360	3	360	
8/22/14	Martha Lydick	☑IND □COM □OTH □PTY □SCC	Retired	360		360	
9/4/14	Faye Baglin	☑IND □COM □OTH □PTY □SCC	Legal Secretary Paul Raymond	125		125	
9/4/14	Wayne Baglen	ØIND □COM □OTH □PTY □SCC	Real Estate Broker Baglin Real Estate	125		125	
	-		SUBTOTAL	L\$ 1330	and the second		

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

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CALIFORNIA FORM

Statement covers period

from.

7/1/14

NAME OF FILER KELLY BC	DYD			through 9/3		7 Page7 I.D. NUMBE 1366657	•
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
9/4/14	John Keith	IND COM OTH PTY SCC	retired	250	25	50	
9/4/14	Don & Nancy Pooley	☑IND □COM □OTH □PTY □SCC	Owner DB Packaging Inc	250	. 2	50	
9/4/14	John & Rebecca Barber	☑IND □COM □OTH □PTY □SCC	Artist Barber Glass	300		00	
9/5/14	Alice Hill	☑IND □COM □OTH □PTY □SCC	Bookkeeper George Hill Insurance	250	2	50	
9/5/14	George Hill	☑IND □COM □OTH □PTY □SCC	Owner George Hill Insurance	250	2	50	
The second secon			SUBTOTAL	. <b>\$</b> 1300	And the state of t	ngarilan inganggi dipuntunyan kemindapi ketiga tiga dipunturi sebah se	Comment of the state of the sta

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Amounts may be rounded to whole dollars.

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Statement covers period

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				through 9/3	30/14	Page 8 of 2	8
NAME OF FILER	-					I.D. NUMBER	
KELLY BO	YD					1366657	acce.
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 I CALENDAR YE (JAN. 1 - DEC.	AR TO DATE	
9/5/14	Ann McDonald	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	261	36	60	
9/5/14	Jefferey Nash	ZIND COM OTH PTY SCC	Managing Director EquityKey Services, LLC	360	36	50 .	
9/5/14	Carolyn Sasaki	ZIND COM OTH PTY SCC	Manager CGS Investors, LLC	360	36	60	
9/5/14	Peter Sasaki	☑IND □COM □OTH □PTY □SCC	Managing Mbr CGS Assoc, LLC	360	3(	60	
9/11/14	Peter Navarro	☑IND □COM □OTH □RTY □SCC	Professor UCI	100	1:	00	
			SUBTOTAL	<b>.</b> \$ 1441			

\*Contributor Codes

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(other than PTY or SCC) OTH - Other (e.g., business entity)

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

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from7/*	1/14	F	ORIM 460
NAME OF FILER				through 9/	/30/14	Page.	9 of 28
KELLY BO	)YD					1.D. NU 13660	
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)
9/11/14	Kristine Thalman	☑IND □COM □OTH □PTY □SCC	retired	125	1.	25	
9/11/14	George Heed	☑IND □COM □OTH □PTY □SCC	Board Chair Laguna Beach Community Clinic	200	20	00	
9/15/14	Joseph Baker	☑IND □COM □OTH □PTY □SCC	Dentist Joseph Baker DMD	200	2(	00	
9/15/14	Linda Grossman	ZIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PhD Center For Positive Solutions	250	25	50	
9/15/14	Thomas Kennedy		Manager Embee	250	25	šQ	· .
			SUBTOTAL\$	1025		A CONTRACTOR OF THE PROPERTY OF	

\*Contributor Codes

IND-Individual

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

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Type or print in ink.
Amounts may be rounded

EDULE A	

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement co	vers period	CALIFORI FORM	
		through9	/30/14	Page 10	of28
NAME OF FILER			······································	I.D. NUMBER	
KELLY BOYD				1366657	
	IE AN INDIVIDUAL ENTER	AMOUNT	CUMULATIVE T	O DATE F	PER ELECTION

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)
9/15/14	Lyn Burke	☑IND □COM □OTH □PTY □SCC	retired	350	350	
. 9/17/14	Katy Moss	ZIND COM OTH PTY SCC	Property Manager Spectra Asset Management Inc	125	125	
9/17/14	Kathleen Blackburn	☑IND □COM □OTH □PTY □SCC	retired	160	360	
9/17/14	Bill Blackburn	☑IND □COM □OTH □PTY □SCC	retired	200	200	
9/17/14	Keith Gallo	ØIND □COM □OTH □PTY □SCC	Contractor Gallo Corp	250	250	
			CHETATAL	¢ 1085		

\*Contributor Codes

IND - individual.

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

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

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through	9/30/14	Page	11,	of28	
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NAME OF FILER KELLY BO	VD.					1.D. NUM	
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 CALENDAR Y (JAN. 1 - DEC	DATE	PER ELECTION TO DATE (IF REQUIRED)
9/17/14	Chip & Chuck Harrell	☑IND □COM □OTH □PTY □SCC	owner Sandpiper Lounge	250	2	50	
9/17/14	John Mansour	ZIND COM OTH PTY SCC	Developer Athens Group	250	2	50	ativi
9/17/14	Michael Pinto	☑IND □COM □OTH □PTY □SCC	retired	250	. 2	50	·
9/17/14	Mark Porterfield	ØIND □COM □OTH □PTY □SCC	Media PIMCO	250		250	
9/17/14	Judith Regan	ZIND COM OTH ETY Scc	Nurse Garden Grove Hospital	360		60	
		Marie Administrative Communication	SUBTOTAL	<b>s</b> 1360		- TO A STATE A PROBLEM OF THE PARTY OF	- I PROPERTY AND

\*Contributor Codes

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Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period

from.

7/1/14

NAME OF FILER KELLY BO	DYD		· · · · · · · · · · · · · · · · · · ·	through 9/3		Page I.D. NUM 13666	
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED).
9/19/14	Carol Reynolds	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	100 .	10	00	
9/19/14	Terry Hustwick	☑IND □COM □OTH □PTY □SCC	retired	99	19	98	
9/19/14	Darrcy Loveland	ØIND □COM □OTH □PTY □SCC	retired	250	2	50	
9/19/14	Jeffrey Redeker	IND COM OTH PTY	Banker Union Bank	250	250		
9/22/14	Dorene Butler	ZIND COM OTH PTY SCC	retired	125	*	25	
-			SUBTOTAL	\$ 824			

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

	(CONT.)

CALIFORNIA

Statement covers period

950

7/1/14

NAME OF FILER KELLY BC	YD .			through 9/3	30/14	Page	
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)
9/22/14	Rick Cirelli	ØIND ☐COM ☐OTH ☐PTY ☐SCC	owner RTC Mortgage Corp	125	2	224	
9/22/14	Kathryn Langston	ZIND COM OTH PTY	retired	125	1	25	
9/22/14	Joe Kramer	☑IND □COM □OTH □PTY □SCC	Builder J Kramer Corp	200	. 2	200	
9/22/14	Harry Bithell	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Surterre	250		250	
9/22/14	Jennifer Burge	ØIND □COM □OTH □PTY	Contractor Burge Corp	. 250		250	

SUBTOTAL \$

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(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 (CO	

wonetary Contributions Received	to whole dollars.	from 7/1	UA	LIFORNIA FORM	460
		through 9/3	30/14 Pag	e 14 of	f28
NAME OF FILER			I.D.1	NUMBER	
KELLY BOYD			136	6657	i
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/14	Bree Cox	☑iND □COM □OTH □PTY □SCC	Owner Pacifique Maison	250	250	
9/24/14	Thomas Chadick	☑IND □COM □OTH □PTY □SCC	retired	100	100	
9/24/14	Judy Blossom	☑IND □COM □OTH □PTY □SCC	Sales Berkshire Hathaway	250	250	
9/25/14	Kenneth Frank	☑IND □COM □OTH □PTY □SCC	retired	100	300	
9/25/14	Robert Carroll	ØIND □COM □OTH □PTY □SCC	Intern Kelly Blue Book	125	125	
			SUBTOTAL	\$ 825		

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

PTY - Political Party

SCC - Small Contributor Committee

# Schedule A (Continuation Sheet)

Type or print in ink.

	(CONT.)

Monetary	Contributions Received	Amounts may be to whole do		Statement coverage 7/1	ers period /14	CALIFORN FORM	<sup>IA</sup> 460
<b>→1</b> 11*			·	through	30/14	Page 15	of28
NAME OF FILER						LD. NUMBER	
KELLY BO	ÝD					1366657	THE REAL PROPERTY AND THE PROPERTY OF THE PARTY OF THE PA
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON	TRIBUTOR CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	- GIFT 1.1 ELX	ER ELECTION

				The state of the s	AND REAL PROPERTY AND REAL PRO	AND THE PROPERTY OF THE PROPER
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)
9/25/14	David Dyrnaes	☑IND □COM □OTH □PTY -□SCC	Engirneer DDEI	125	125	
9/25/14	Ed Sauls	☑IND □COM □OTH □PTY □SCC	Consultant The Sauls Company	125	125	`
9/25/14	Mark Judy	☑IND □COM □OTH □PTY □SCC	Dentist Mark Judy DMD	150	150	
9/25/14	Kirsten Whalen	IND COM OTH PTY	artust Kirsten Whalen	150	150	
9/25/14	John Campbell	☑IND ☐COM ☐OTH ☐PTY ☐SCC	owner John L Campbell Insurance	250	325	
Annual Control of the			SUBTOTAL	\$ 800		

\*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.

SC				

Monetary Contribut	ions Received		to whole dollars,			Statement covers period			CALIFORNIA ACA		
ata	<u></u>	to whole doll	ars,	from	7/1	/14	FC	ORM	40U		
				through	9/3	30/14	Page _	16 of	28		
NAME OF FILER							I.D. NUI	MBER		1	
KELLY BOYD							13666	657		-	
THE PARTY OF THE P			15 A 2 1 1 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2	A A A C V UNIT		CLIMAL SEATING TO	ODATE	PERF	LECTION		

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 (IP 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)
9/25/14	Marisa Fader	ØIND □COM □OTH □PTY □SCC	Manager Bushard's Pharmacy	250	250	
9/25/14	Milton Naylor	ØIND □COM □OTH □PTY □SCC	Owner Impact Marketing Spec	250	250	
9/25/14	Leon Rosers	☑IND □COM □OTH □PTY □SCC	CEO SWE Inc	250	250	
9/25/14	Sheila Bushard	ØIND □ COM □ OTH □ PTY □ SCC	Owner Bushard's Pharmacy	300	300	
9/29/14	LJ & Basil Shardlow	☑IND □COM □OTH □PTY □SCC	retired	100	100	
Andreas Andrea			SUBTOTAL	\$ 1150		

\*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

Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.			-	Statement cov	ers period 1/14	CALIFORNI, FORM	460
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER				·	through 9.	/30/14	Page 17	of
Kelly Boyd						Communication we are a stronger between	1366657	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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 RECEIVED THIS PERIOD	(c) AMOUNT PAIE OR FORGIVEI THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL -AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
· .				PAID		ar.		CALENDAR YEAR
				FORGIVEN	\$	RATE	*	PER ELECTION*
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	8	DATE INCURRED	\$
				PAID	\$	%	\$	S
				FORGIVEN		RATE		PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID	\$	-a	\$	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION
† IND COM OTH PTY SCC		\$	\$	*	DATE DUE	5	DATE INCURRED	\$
		SUBTOTALS !	\$	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E. Line		
Loans received this period  (Total Column (b) plus unitemized loans				\$	Ő		†Contributor Code	
Loans paid or forgiven this period  (Total Column (c) plus loans under \$100)		••••		\$	0	Total and the second se	IND – Individual COM – Recipient C	

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required,

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 Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (May be a negative number)

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

PTY - Political Party

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

SCC - Small Contributor Committee

#### Schedule B - Part 2 Loan Guarantors

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

SCHEDULE B - PART 2 CALIFORNIA FORM Statement covers period

7/1/14

		to whole dollars.		from	// // 14	FURIVI	B. 700
		e*s			9/30/14	4.0	20
SEE INSTRUCTIONS ON REVERSE				through	3/30/14	Page18	of <u>28</u>
NAME OF FILER						I.D. NÚMBER	
Kelly Boyd	•					1366657	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER			CALENDAR YEAR	I
	□сом					S	
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	PTY	•				(IF REQUIRED)	
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	□IND		LENDER			CALENDAR YEAR	
	СОМ			ļ		\$	
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	□PTY		DATE.			(IF REQUIRED)	
	□scc		***************************************			4.	
						\$	
	□IND		1 6" 1 100 1" 00			CALENDAR YEAR	
	СОМ	•	LENDER			\$	
	ОТН				• •	PER ELECTION (IF REQUIRED)	
	PTY		DATE				
	scc					\$	
						CALENDAR YEAR	Name and the second sec
	□ IND		LENDER			CALENDAY FEAT	
•	□ COM					\$	
•			DATE	S. Salama Managada ,		PER ELECTION (IF REQUIRED)	
	PTY			1			
t.	□scc		THE MENT AND PROPERTY AND PROPERTY AND PROPERTY AND PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O	- The second sec		\$	
			1		- A A	Enter on	The same and the s
			SU	BTOTAL	5	Summary Page,	- Established AVEN II

### Schedule C Nonmonetary Contributions Received

3. Total nonmonetary contributions received this period.

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

Statement covers period CALIFORNIA FORM 7/1/14 from

SEE INSTRUC NAME OF FILE Kelly Boy					throug	9/30/1	4	Page 1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (1F COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDAI (JAN 1 - C	IVE TO E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
6/22/14	Cheryl Sykes	ØIND □COM □OTH □PTY □SCC	Homemaker	Fundraiser supplies		0		44.36	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach ao	Iditional information on appropriately lab	eled continuat	ion sheets.	SUBT	OTAL \$				
1. Amount (include	e C Summary received this period – itemized nonmoneta all Schedule C subtotals.)					0	COV	(other th	

SCC - Small Contributor Committee

### Schedule D Summary of Expenditures Supporting/Opposing Other

Type or print in ink. Amounts may be rounded

		<u> </u>	SCHEDULE
Stateme	nt covers period	CALIFORNIA	ACO
from	7/1/14	FORM	400
through	9/30/14	Page 20	of28
The state of the s		I.D. NUMBER	- NO. SECTION AND ADDRESS OF THE PARTY OF TH
		12666E7	

Candidates, Measures and Committees		to whole dolla	rs.	from7/1/*	4 FC	RM TOO
•	ONS ON REVERSE .			through 9/30	)/14 Page .	20 of 28
NAME OF FILER		The Comment of the Co	· · · · · · · · · · · · · · · · · · ·	The state of the s	I.D. Ni.	MBER
Kelly Boyd	· .				13666	657
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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	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				
Management of the second secon			SUBTOTAL	\$		
	D Summary ontributions and independent expenditures made	e this period. (Include al	l Schedule D subtotals.)			. 0
2. Unitemize	d contributions and independent expenditures m	ade this period of under	\$100		ę	0
3. Total contr	ributions and independent expenditures made th	is period. (Add Lines 1	and 2. Do not enter on th	e Summary Page.)	TOTAL \$	0

Schedule D (Continuation Sheet) SCHEDULED (CONT.) Type or print in ink. Amounts may be rounded **Summary of Expenditures** Statement covers period **CALIFORNIA** to whole dollars. Supporting/Opposing Other **FORM** 7/1/14 Candidates, Measures and Committees 9/30/14 through 1D. NUMBER NAME OF FILER 1366657 Kelly Boyd CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS CALENDAR YEAR TO DATE TYPE OF PAYMENT DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) (IF REQUIRED) PERIOD (JAN. 1 - DEC 31) OR COMMITTEE Monetary Contribution Nonmonetary Contribution [ | Independent Expenditure Support ☐ Oppose Monetary Contribution Nonmonetary Contribution Independent Expenditure Support ☐ Oppose Monetary Contribution Nonmonetary Contribution | Independent Expenditure Support ☐ Oppose Monetary Contribution , ☐ Nonmonetary Contribution Independent Expenditure ☐ Oppose Support

SUBTOTAL \$

#### Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period 7/1/14	california 460
9/30/14 through	Page 22 of 28
	I.D. NUMBER
	1366657

NAME OF FILER Kelly Boyd CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications returned contributions -CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* office expenses t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals candidate filing/ballot fees phone banks staff/spouse travel, lodging, and meals FND fundraising events polling and survey research transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services voter registration legal defense PRO professional services (legal, accounting) VOT campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **Event invitations** Super Dave's Print & Mail 1593.96 **CMP** 8935 Research Dr #100 Irvine, CA 92618 City of Laguna Beach Candidate filing 1000.00 FIL. 550 Forest Ave Laguna Beach, CA 92651 Super Dave's Print & Mail Mailers 1307.95 LIT 8935 Research Dr #100 Irvine, CA 92618 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 3901.91 Schedule E Summary 7732.41 1. Itemized payments made this period. (Include all Schedule E subtotals.) 26.86

2. Uniternized payments made this period of under \$100

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

0

### Schedule E (Continuation Sheet) **Payments Made**

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

petition circulating

phone banks

MBR.

OFC

PET

PHO

POL

POS

period	Annual Control of the State of	
Jenou	CALIFORNIA	AGN

I.D. NUMBER

1366657

SCHEDULE EXCONTA

and the second s	
Statement covers period	CALIFORNIA ACA
from 7/1/14	FORM 400
9/30/14 **	Page 23 of 28

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

candidate filing/ballot fees

contribution (explain nonmonetary)\*

independent expenditure supporting/opposing others (explain)\*

campaign consultants

fundraising events

NAME OF FILER

Kelly Boyd

CVC civic donations

FIL

FND

ND

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

member communications radio airtime and production costs

meetings and appearances returned contributions office expenses campaign workers' salaries

t.v. or cable airtime and production costs TEL

candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	services (lega	It, accounting) VOT v WEB in	oter registration nformation technology costs (internet	, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	· · · · · · · · · · · · · · · · · · ·	CODE: C	R DESCRIPTION (	OF PAYMENT	AMOUNT PAID
Laguna Beach Chamber of Commerce		MTG	Entry to event		295.00
4S Publishing		PRT	Ads		1435.50
Coastline Pilot		PRT	Ads		2100.00
		The state of the s			·
* Payments that are contributions or independent expenditures must a	also be summarized on	Schedule D.	And the second s	SUBTOTA	L\$ 3830.50

postage, delivery and messenger services

S		

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

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

Stateme	ent covers period 7/1/14	CALIFORNIA FORM	460
through	9/30/14 **	Page 24	of
	The state of the s	1.D. NUMBER 1366657	

SEE INSTRUCTIONS ON REVERSE					
NAME OF FILER				I.D. NUN	/BER
Kelly Boyd				13666	557
CODES: If one of the following codes accurately described campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication meetings and appearant OFC office expenses petition circulating phone banks polling and survey reserved professional services (PRT print ads	ns nces earch messenger services	RAD radio airtime ar RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer between	nd production costs butions ters' salaries time and production cost l, lodging, and meals avel, lodging, and meals en committees of the sa	rme candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	and the second s				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS		\$	\$	\$
Schedule F Summary					
Total accrued expenses incurred this period. (Include all 5 accrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) staccrued expenses under	ubtotals for \$100.)	INC	JRRED TOTALS \$	0
2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto payments on accrued exp	otals for payments o penses under \$100.)	n +	PAID TOTALS \$	<u>0</u> .
Net change this period. (Subtract Line 2 from Line 1 En on the Summary Page; Column A, Line 9.)				NET \$	0 May be a negative number
•					Annual Control of the

	·	ر محورة بمون	ani	·
SUL	EDU	ᄔ	UUI	11.)

### Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 7/1/14	CALIFORNIA FORM	460
through 9/30/14	Page 25	of <u>28</u>
· ·	I.D. NUMBER	**************************************
	1000000	

 through
 Page 25 of 28

 NAME OF FILER
 I.D. NUMBER

 Kelly Boyd
 1366657

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations petition circulating candidate travel, lodging, and meals candidate filing/ballot fees phone banks staff/spouse travel, lodging, and meals FND fundraising events polling and survey research TRS TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services VOT voter registration legal defense professional services (legal, accounting) WEB information technology costs (internet, e-mail) campaign literature and mailings PRI print ads

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
		718-day (14-day (14-da			
			-		
	SUBTOTALS	\$	\$	\$	\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period 7/1/14	california 460	
SEE INSTRUCTIONS ON REVERSE		through 9/30/14	Page 26 of 28	
NAME OF FILER			I.D. NUMBER	
Kelly Boyd			1366657	
NAME OF AGENT OR INDEPENDENT CONTRACTOR				

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
<b>CMP</b>	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 meats		
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)	TOV	voter registration		
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)		

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		And the state of t
		and and administration of February Co.
		·

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

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<sup>\*</sup> 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.

Schedule H Loans Made to Others*		Amounts m	print in ink. ay be rounded le dollars.	The state of the s	Statement co	vers period	CALIFORN FORM	1A 460
SEE INSTRUCTIONS ON REVERSE					through	/30/14	Page	of28
NAME OF FILER	THE REPORT OF THE PROPERTY OF						LO NUMBER	
Kelly Boyd	<i>i</i>					÷	1366657	
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 FORGIVENE THIS PERIO	SS CLOSE OF THIS	RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				[] PAID				CALENDAR YEAR
				\$ FORGIVEN	\$	RATE	<u> </u>	S PER ELECTION**
		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
		And the same of th	A STATE OF THE STA	PAID				CALENDAR YEAR
	a and a constraint of the cons		nove vocament	\$	\$	RATE .	\$ ALLEGE AND THE PROPERTY OF T	\$PER ELECTION**
		\$	\$	\$	DATE DUE	. \$	DATE (NCURRED	\$
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
			and the second s	-	engelekter er er ik kriege er men er er men er er men er	(Enter (e) on Schedula I, Line 3	ı	
Schedule H Summary								
Loans made this period	s of less than \$100.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$	(	)	**If Required
Payments received on loans (Total Column (c) plus unitemized paym		***************************************			\$		}	
Net change this period. (Subtract Line (Enter the net here and on the Summa)					NET \$ -	May be a negative numb	<u>)                                    </u>	

Schedule I Miscellaned	ous Increases to Cash	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period 7/1/14	CALIFORNIA 460	
SEE INSTRUCTIONS	ON REVERSE		9/30/14	Page	
NAME OF FILER			AND THE RESIDENCE AND ADDRESS OF THE RESIDENCE AND ADDRESS OF THE PROPERTY OF	I.D. NUMBER	
Kelly Boyd				1366657	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DE .	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
				2	
		!			
Attach additio	nal information on appropriately labeled continuation sheets.		SUBTOTA	L \$ 0	
Schedule   S	ummary				
	reases to cash this period		.,,\$	٠	
	ncreases to cash of under \$100 this period.				
3. Total of all in	ferest received this period on loans made to others. (Sched	fule H, Column (e).)	\$	Made Nati	
4. Total miscell Summary Pa	aneous increases to cash this period. (Add Lines 1, 2, and	3. Enter here and on the	TOTAL \$	· · · · · · · · · · · · · · · · · · ·	