Recipient Committee Campaign Statement Cover Page	ink.	Date Stamp		COVERPAGE LIFORNIA 460 FORM	
Government Code Sections 84200-84216.5)	Statement covers period from10/01/14	Date of election if applicable: (Month, Day, Year)	007.23	100	1 of 19 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/18/14	11/4/14	City Clarks City of Loguno B		
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 T Amendment (Explain b	ermination)	Quarterly Sta Special Odd- Supplementa Statement - A	-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Kelly Boyd for Council 2014 STREET ADDRESS (NO P.O. BOX) 32355 Coast Highway CITY STATE ZIP Laguna Beach CA 926	CODE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Cheryl Kinsman MAILING ADDRESS 32355 Coast Highway CITY Laguna Beach NAME OF ASSISTANT TREASU	STATE CA DRER, IF ANY	ZIP CODE 92651	AREA CODE/PHONE 949-499-8000
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C. CITY STATE ZIP OPTIONAL: FAX / E-MAIL ADDRESS	CODE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADD	STATE	ZIP CODE	AREA CODE/PHONE
I. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Californ Executed on	ornia that the foregoing is true and correct. By	carol@kinsmans.com	erein and in the aftached to the state of th	amountaine and his desired to the second	ue and complete. I certify
Executed on	Ву иментальный применения	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	annum and makes to the control of th	EPPC Form 460 Llanuary/0

. Officeholder or Candidate Controlled Committee			Primarily Formed Ballo	it Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	ELAAATSISSA TIISSIIIIN TIMBA AMAADAA (A) A MAAAA	**************************************		
Kelly Boyd							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT OPPOSE
Council Member, Laguna Beach			The state of the s		COLORON CHICAGONI CONTRACTOR CONT	L.	CATCOLOGY COMPANY CONTRACTOR CONT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET 930 Canyon View Dr L:	r) CITY STATE ZIP aguna Beach, CA 92651		Identify the controlling off	iceholder, can	didate, or st	tate measure	proponent, if any.
Joo Carryon View Di	agana bodon, ovi ozoo i		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of y	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD	aggifffigurus per vilyt i samme krijidadis s dast keli ildustri krijis ett samatida.	gori gggagg angga angangalanga i Addicalativa et Sindologia	DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER		The Management of Company Service of Proposition Institute Annual Company on North Company (North Company North Company North Company North Company North Company (North Company) on North Company (North Company (North Company) on North Company (North Compa	egazzanya a sa A Historia de Barrera Azardea est e estil est los	Marin - Agent of Color - No	opina, ja min minda kiriminis IV melinas y Historicia Wilmed	3. No 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
							4
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	 Primarily Formed Can- officeholder(s) or candidate(s) 	didate/Offic) for which this	eholder Co s committee is	ommittee is primarily for	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO	the state of the s		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	O P.O. BOX)		The state of the s	Lady approximately the simulated Embalton's historical responses and	A CONTRACTOR OF THE PARTY OF TH	۲۰۷ ماد ۱۹۰۵ (۱۹۰۵ ماد ماد الماد	
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if	песеssary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

A	OOMINALLITAOL
Statement covers period	CALIFORNIA / CO
from10/01/14	FORM TOO
through10/18/14	Page 3 of 19
ergy wygo on yn men men andersia, ddy'i dam. Weisselsty - ngys gerwyn a ennedd 'e blâ'ut Ar's Abstra	I.D. NUMBER

CLIEBER A DIVERSE

NAME OF FILER 1366657 Kelly Boyd Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 38125 1/1 through 6/30 7/1 to Date 20. Contributions 4096 38125 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ \$_____\$___ Received 144 0 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 38269 4096 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 15345 6. Payments Made Schedule E, Line 4 \$ 5839 Candidates 7 Loans Made Schedule H Line 3 22. Cumulative Expenditures Made* 5839 15345 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 144 5839 15489 **Current Cash Statement** 24524 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 4096 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 5839 Column A may be negative 22781 figures that should be 16. ENDING CASH BALANCE 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 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ 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**

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

SCHEDULE A

Statement covers period

10/01/14

				from	17.1-1	FORM
SEE INSTRUCTIO	ONS ON REVERSE	through 10/18/14		Page 4 of 19		
NAME OF FILER Kelly Boyo	d .			I.D. NUMBER 1366657		
DATÉ 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 D CALENDAR: YEA (JAN: 1 - DEC: 3	AR TO DATE
10/10	Carol Chickering	ZIND COM OTH PTY SCC	President Urie Properties	100	10	0
10/10	Colin Henderson	☑IND □COM □OTH □PTY □SCC	retired	100	20	0
10/10	Doug & Judy Anderson	ØIND □COM □OTH □PTY □SCC	President Advent Enterprises LLC	190	_ 28	9
10/10	Jill & Dave Paul	☑IND □COM □OTH □PTY □SCC	retired	190	19	00
10/10	Jeff Amos	☑IND □COM □OTH □PTY □SCC	Accountant Liberty Tax	200	20	00
			SUBTOTAL	780		
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ 3655					IND1	ibutor Codes Individual - Recipient Committee (other than PTY or SCC)
2. Ámount received this period – unitemized monetary contributions of less than \$100						
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.) TOTAL \$	4096	MVV-WWW-mark-balance	FPPC Form 460 (January/05)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)	
enterestative laterial parts and extra constitution of the extra contract of the extra c	1
ALIEODNIA A A A	

Statement covers period

		from10/0	1/14	FORM 40U			
				through10/	18/14		5 of 19
NAME OF FILER Kelly Boyd				ages (ages ages) (in ages)		1.D. NUA 13666	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y	DATE	PER ELECTION TO DATE
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)		(IF REQUIRED)
10/10	Jonathon Burke	☑IND □COM □OTH □PTY □SCC	President LCAD	195	1	95	
10/10	Kathy & Martin Dawson	☑IND □COM □OTH □PTY □SCC	Accountant The Shopoff Group	200	2	900	
10/10	El Hathaway	☑IND □COM □OTH □PTY □SCC	Retired	200	2	200	
10/10	Marshali Ininns	☑IND □COM □OTH □PTY □SCC	Architect Marshall Ininns Design Group	200		300	
10/10	Janet Kane	☑IND □COM □OTH □PTY □SCC	Counselor Janet Kane	200	4	200	
			SUBTOTAL	s 995			

*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 A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

			CON.	

CALIFORNIA A

Statement covers period

360

1420

		to whole dollars.		from10/01/14		FORM 400	
NAME OF FILER KELLY BC	DYD	- 1,000,000,000,000,000,000,000,000,000,0		through 10/	18/14	Page	MBER
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)
10/10	Suzanne Wilhoit	☑IND □COM □OTH □PTY □SCC	retired	200	. 2	200	
10/10	Realatrends	□IND □COM ☑OTH □PTY □SCC		200	2	200	
10/10	Paul Mosely	☑IND □COM □OTH □PTY □SCC	Owner Laguna Colony	300		300	
10/10	Jim Birmingham	☑IND □COM □OTH □PTY □SCC	Real Estate Secrest Development	360		360	

Consultant

SUBTOTAL \$

Nellie Chi

NIND

ПСОМ

□OTH □PTY □SCC

*Contributor Codes

IND - Individual

10/10

COM - Recipient Committee

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

Nellie Chi

PTY - Political Party

SCC - Small Contributor Committee

360

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDU	JLEA (CONT.)
Stater	nent covers period	CALIFORNIA	AAA
from	10/01/14	FORM	400
through_	10/18/14	Page 7	of 19
······································	A CONTRACTOR OF THE CONTRACTOR	I.D. NUMBER	

NAME OF FILER KELLY BC	OYD	J. //			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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10	George Sing	☑IND ☐COM ☐OTH ☐PTY ☐SCC	CEO	360	360	
10/14	Richard Hille	ØIND □COM □OTH □PTY □SCC	retired	100	100	`
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL	\$ 460		

*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

SCF			

Schedule B - Part 1

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE D* FART
Statement covers per	CALIFORNIA ACO
from10/01/14	FORM 400
through10/18/14	Page 8 of 19
1 (A 11 Table 2014 1994 1994 1994 1994 1994 1994 1994 1	LD. NUMBER

Loans Received		to whole dollar	·S.		s from	10/0)1/14	FORM	TVV
SEE INSTRUCTIONS ON REVERSE		•			through	10	/18/14	Page 8	of19
NAME OF FILER		/ Amaded / Activity in the Party in the Part			1	and and the second second second second		I.D. NUMBER	///
Kelly Boyd								1366657	.#\
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. 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 P OR FORGIN THIS PERI	/EN CLOSE O	EAT THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
			Control Printer	☐ ÞAIÐ					CALENDAR YEAR
			***************************************	\$FORGIVE	\$		RATE	s	\$ PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE	UE	s	DATE INCURRED	\$
New Control of the Co				[] PAID					CALENDAR YEAR
				s	s N		RATE	\$	PER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE	DUE	\$	DATE INCURRED	\$
				☐ PAID			A CANTON TO THE		CALENDAR YEAR
				\$	s		RATE	\$	SPER ELECTION**
TO IND COM OTH PTY SCC		\$	s	\$	DATE	DUE	\$	DATE INCURRED	\$
		SUBTOTALS	\$	\$	\$		\$		
Schedule B Summary							(Enter (e) on Schedule E, Line	3)	
Loans received this period				\$.	disk of American Theoretical State Commission To the Commission Commission Commission Commission Commission Co	0		+Contributor Code	
(Total Column (b) plus unitemized loans2. Loans paid or forgiven this period(Total Column (c) plus loans under \$100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		0			ommittee PTY or SCC)
(Include loans paid by a third party that	are also itemized on Sched					n		OTH – Other (e.g. PTY – Political Par SCC – Small Contr	ty
Net change this period. (Subtract Line Enter the net here and on the Summary		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		NET \$.	(May be a negative		_ (- Jo Cinal Corne	
*Amounts forgiven or paid by another party also r	must be reported on Schedule A.								

** If required.

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

Schedule B – Part 2 Loan Guarantors Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 2
Statement covers period	CALIFORNIA ACO
10/01/14	FORM TOU

SEE INSTRUCTIONS ON REVERSE	•			through10/18/14	Page 9	of
NAME OF FILER					I.D. NUMBER	
Kelly Boyd					1366657	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. 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 □COM □OTH		LENDER DATE		PER ELECTION (IF REQUIRED)	
	☐PTY ☐SCC				SS	/
	□IND □COM □OTH		LENDER		S PER ELECTION	
	□ PTY □ SCC		DATE		(IF REQUIRED)	
	☐IND ☐COM		LENDER		CALENDAR YEAR \$ PER ELECTION	
	□OTH □PTY □SCC		DATE		(IF REQUIRED)	
	□IND □COM		LENDER		CALENDAR YEAR	
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
			SUE	BTOTAL \$	Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

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

Statement covers period		CALIFORNIA	
from	10/01/14	FORM	460
through	10/18/14	Page 10 of	19
		I.D. NUMBER	

Kefly Boyd DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (#F SELF-EMPLOYED, ENTER NAME OF BUSINESS) Chord Sykes Chord Sykes Chord Sykes FULL NAME, STREET ADDRESS AND ZIP CODE * CONTRIBUTOR CODE * COLUPATION AND EMPLOYER (#F SELF-EMPLOYED, ENTER NAME OF BUSINESS) Chord Sykes Fundraiser Fundraiser	<u> </u>
Kelly Boyd Date Received Full Name, Street address and ZIP CODE of Contributor (IF committee also enter i.b. number) Contributor CODE * Contributor (IF self-employed enter Name of Business) Description of Goods or Services Fair Market Value Calendar (Jan 1 - De Name of Business)	Page 10 of 19
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER) CODE * DESCRIPTION OF GOODS OR SERVICES FULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR (IF SELF-EMFLOYED, ENTER NAME OF BUSINESS) CODE * DESCRIPTION OF GOODS OR SERVICES FAIR MARKET VALUE CALENDAR (JAN 1 - DE SUPPLIES NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND COUNTING TO THE NAME OF BUSINESS) AMOUNT/ FAIR MARKET VALUE CALENDAR (JAN 1 - DE SUPPLIES NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND COUNTING TO THE NAME OF BUSINESS OF SERVICES AMOUNT/ FAIR MARKET VALUE CALENDAR (JAN 1 - DE SUPPLIES NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND COUNTING TO THE NAME OF SUPPLIES NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND COUNTING TO THE NAME OF SUPPLIES NAME OF BUSINESS OF SERVICES FAIR MARKET VALUE CALENDAR (JAN 1 - DE SUPPLIES NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND COUNTING TO THE NAME OF BUSINESS OF SERVICES FAIR MARKET VALUE CALENDAR (JAN 1 - DE SUPPLIES NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND COUNTING TO THE NAME OF BUSINESS OF SERVICES FULL NAME OF BUSINESS OF SERVICES FULL NAME, STREET ADDRESS AND COUNTING TO THE NAME OF BUSINESS OF SERVICES FULL NAME OF SUPPLIES	I.D. NUMBER
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. NUMBER) CODE * COD	1366657
6/22/14 Cheryl Sykes 1545 Bluebird Canyon Dr Laguna Beach, CA 92651	E TO DATE
□COM □OTH □PTY	44.36
□IND □COM □OTH □PTY □SCC	
□IND □COM □OTH □PTY □SCC	
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$	
1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	tributor Codes - Individual 1 - Recipient Committee (other than PTY or SCC)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 3. Total nonmonetary contributions received this period.

PTY - Political Party SCC - Small Contributor Committee

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

Schedule D Summary of Expenditures Supporting/Opposing Other

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

		and the control of the Alberta	SCHEDULE
Stateme	nt covers period	CALIFORNÍA	ACO
from	10/01/14	FORM	460
through	10/18/14	Page 11	of19
		I.D. NUMBER	
		1366657	

Candidate	es, Measures and Committees			from		Company of the contract of the
	ONS ON REVERSE		·	through 10/1	8/14 Pa	ge 11 of 19
NAME OF FILER Kelly Boyd						NUMBER 66657
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 D CALENDAR YEA (JAN, 1 - DEC. 31)	AR TO DATE
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure			**	
	·	Monetary Contribution Nonmonetary Contribution independent Expenditure				
	Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL	. \$		
Schodulo	D Summary			AND		And a second and a
	contributions and independent expenditures made	e this period. (Include all	Schedule D subtotals.)	************************		. \$0
2. Unitemize	ed contributions and independent expenditures ma	ade this period of under	\$100	**************		\$0
	ributions and independent expenditures made thi					. 0

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees NAME OF FILER Kelly Boyd		Type or prin Amounts may k to whole d	e rounded	Statement covers from 10/01/ through 10/18	3/14 Pa	CALIFORNIA 460 FORM. Page 12 of 19 I.D. NUMBER 1366657		
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 D CALENDAR YEA (JAN. 1 - DEC. 31)	R TO DATE		
	Support Dopose	Monetary Contribution Nonmonetary Contribution Independent Expenditure			Acceptance of the contraction of			
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	Support Doppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						

SUBTOTAL \$

Schedule E Payments Made

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

	SCHEDULEE
Statement covers period	CALIFORNIA ACA
from 10/01/14	FORM 400
through10/18/14	Page 13 of 19
	I.D. NUMBER
	1366657

SEE INSTRUCTIONS ON REVERSE		-		through			of 19
NAME OF FILER						I.D. NUMBE	R
Kelly Boyd						1366657	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear ivery and me	s	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	be the payment airlime and production cosed contributions aign workers' salaries cable airlime and product date travel, lodging, and mapouse travel, lodging, and re between committees of registration nation technology costs (in	ion costs eals I meals I the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PA	YMENT		AMOUNT PAID
Laguna Beach Chamber of Commerce		MTG	Event tickets				180
LA Times Media Group File 54221 Los Angeles, CA 90074-4221		PRT	Newspaper ads				700
Super Dave's Print & Mail 8935 Research Dr #100 Irvine, CA 92618		LIT	Mailers				4952
* Payments that are contributions or independent expenditures n	nust also be summ	arized on S	chedule D.		SUB	TOTAL \$	5832
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subtotals.)						\$	5832
2. Unitemized payments made this period of under \$100						\$	
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column	(e).)	******		\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line					TOTA	NL \$	5839

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	le

SCHEDU		/ TIAO'OS
	سا ساسال	(CONTAIN)

Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statem from	ent covers period 10/01/14	CALIFORNIA FORM	460
EE INSTRUCTIONS ON REVERSE		through	10/18/14	Page 14	of 19
AME OF FILER Kelly Boyd				1.D NUMBER 1366657	
	ately describes the payment, you may enter the code	e. Otherwise, des	cribe the payment	CONTRACTOR OF THE STATE OF THE	

CMP	campaign consultants contribution (explain nonmonetary)*	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey researd ivery and mes	s	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals	me candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE ()R	DESCRIPTION OF PAYMENT	AMOUNT PAID
					·	
1135						
#*************************************						

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

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA FORM	460
through 10/18/14	Page 15	of
	I.D NUMBER 1366657	

SEE INSTRUCTIONS ON REVERSE			1	Fage	OI
NAME OF FILER	The same of the sa		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	I.D NÜI	MBER
Kelly Boyd				13,666	657
CODES: If one of the following codes accurately describe					Provide Interpretation of the provide state of the provide state of the state of th
CMP campaign paraphernalia/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 campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey resi POS postage, delivery and PRO professional services (PRT print ads	nces earch messenger services	TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati	butions kers' salaries time and production cos st, lodging, and meals avel, lodging, and meals en committees of the sa	s ame candidate/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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$
Schedule F Summary	and Carlot Children Assessment Children Assessment Children Childr			ages congregge as a company of the second base absolute constitute of the second constitute of t	
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)			INGL	JRRED TOTALS \$	0
Total accrued expenses paid this period. (Include all Schoaccrued expenses of \$100 or more, plus total unitemized)				PAID TOTALS \$	0
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	d		NET \$	May be a negative number
				100 Ma 100	

Schedule	F		
(Continua	ition Shee	et)	
Accrued I	Expenses	(Unpaid	Bills)

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

		ورکي داد ده و د	SCHEDL	JLE F (CONT.)
Stater	nent covers period 10/01/14	CALIF F0	ORNIA RM	460
through	10/18/14	Page .	16	of 19
784°-800-774, 17-2071111, 7-30-7	The state of the s	I.D. NUM	BER	

	through	Page 15	of
AME OF FILER		LD. NUMBER	
Kelly Boyd		1366657	

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

^{*} 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
		ý			
		AND	gang gang paga paga ng gang gang paga paga		
	SUBTOTALS	\$	\$	\$	\$

Schedule G			
Payments N	lade by an	Agent or	Independent
Contractor (on Behalf	of This C	ommittee)

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

Statem	ent covers period 10/01/14	CALIFORNIA 460
through	10/18/14	Page 17 of 19
	MALANIA CONTRACTOR CON	I.D. NUMBER 1366657

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Kelly Boyd 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. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET candidate travel, lodging, and meals phone banks FIL candidate filing/ballot fees PHO staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LEG legal defense PRO WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

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

CODE	OR	DESCRIPTION OF PAYMENT	MOUNA	√T PAID
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	and the second s			
a de la companya de l				
	CODE	CODE OR		CODE OR DESCRIPTION OF PAYMENT AMOUN

^{*} 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
Schedule H Loans Made to Others*		Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from 10/01/14		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		•			through 10	/18/14	Page18	of
IAME OF FILER	THE PROPERTY AND ADMINISTRAL AND ADMINISTRAL PROPERTY AND ADMINISTRAL ADMINIST	Maria Ma			3		I.D. NUMBER	
Kelly Boyd							1366657	and or commitment
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTEP 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 PERIOR	SS CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				☐ PAID		·		CALENDAR YEAR
				\$	\$	RATE	\$	\$ PERELECTION**
		\$	\$	S	DATE DUE	. \$	DATE INCURRED	\$
	A STATE OF THE STA	HI THE		[] PAID				CALENDAR YEAR
				\$ FORGIVEN	.	RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
And the second s						(Enter (e) on Schedule I, Line 3)	<u> </u>	
Schedule H Summary								
i . Loans made this period (Total Column (b) plus unitemized loans					\$	0		**If Required
Payments received on loans (Total Column (c) plus unitemized paym					\$	0		
Net change this period. (Subtract Line (Enter the net here and on the Summa)			***************************************	************	NET \$	O ay be a negative number)	1. V

Schedule I Viscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460		
			through_	10/18/14	Page19	Page 19 of 19		
NAME OF FILER					I.D. NUMBER	1		
Kelly Boyd		zadowa wa disa wa wa ka wa			1366657			
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESCRIPTION OF I	RECEIPT		OUNT OF ASE TO CASH		
						STATE WAS COMPANY TO THE PARTY OF THE PARTY		
				•				
		access of the control			And Advisor of Parties			
to contract		92 P.	·					
V and a second distance								
	nal information on appropriately labeled continuation sheets.	And the second s	en e	SUBTOT	AL \$	0		
Schedule I S	ummary							
1. Itemized incr	reases to cash this period.			\$				
2. Unitemized in	ncreases to cash of under \$100 this period.			\$		•		
3. Total of all in	terest received this period on loans made to others. (Schedu	le H, Column (e).)		\$				
	aneous increases to cash this period. (Add Lines 1, 2, and 3 age, Line 14.)	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	0			
				,	TODO T	400 (1		

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