

**Recipient Committee  
Campaign Statement  
Cover Page**

**RECEIVED**  
Date Stamp

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 7

For Official Use Only

Statement covers period  
from 01/01/2022  
through 06/30/2022

Date of election if applicable:  
(Month, Day, Year)

**CITY OF HEALDSBURG**

JAN 31 2023

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee Recall  
*(Also Complete Part 5)*
- General Purpose Committee  
 Sponsored Small Contributor Committee  
 Political Party/Central Committee
- Primarily Formed Ballot Measure Committee  
 Controlled Sponsored  
*(Also Complete Part 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 Termination)*
- Amendment *(Explain below)*
- Quarterly Statement
- Special Odd-Year Report

Inadvertently excluded \$50 State SOS filing fee paid in January 2022

**3. Committee Information**

I.D. NUMBER  
1424830

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Ariel Kelley for City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Healdsburg CA 95448

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

Healdsburg CA 95448

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Ariel Kelley

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Healdsburg CA 95448

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/25/2023  
Date

By \_\_\_\_\_ Treasurer

Executed on 1/25/2023  
Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**CALIFORNIA FORM 460**

Page 2 of 7

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Ariel Kelley

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, City of Healdsburg

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

██████████ Healdsburg CA 95448

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

*Attach continuation sheets if necessary*



# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	06/30/2022	Page <u>3</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
Ariel Kelley for City Council 2020		1424830

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ariel Kelley for City Council 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 0.00	\$ 0.00

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 3,355.94	\$ 3,355.94
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3,355.94	\$ 3,355.94
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3,355.94	\$ 3,355.94

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 5,803.59
13. Cash Receipts..... Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	3,355.94
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,447.65

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00
--	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 11750.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous 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 any).

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



**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers	<b>CALIFORNIA FORM 460</b>
period from <u>01/01/2022</u>	
through <u>06/30/2022</u>	Page <u>4</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Ariel Kelley for City Council 2020	I.D. NUMBER 1424830
---	------------------------

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Ariel Kelley [REDACTED] Healdsburg, CA 95448  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Candidate, City of Healdsburg City Council	\$ 3000	\$ _____	<input type="checkbox"/> PAID \$ 0  <input type="checkbox"/> FORGIVEN \$ 0	\$ 3000  DATE DUE _____	0 % RATE  \$ 0	\$ 3000  10/26/20 DATE INCURRED	CALENDAR YEAR \$ 0  PER ELECTION** \$ G2020 11,750.00
Ariel Kelley [REDACTED] Healdsburg, CA 95448  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Candidate, City of Healdsburg City Council	\$ 8750	\$ _____	<input type="checkbox"/> PAID \$ 0  <input type="checkbox"/> FORGIVEN \$ 0	\$ 8750  DATE DUE _____	0 % RATE  \$ 0	\$ 8750  12/22/20 DATE INCURRED	CALENDAR YEAR \$ 0  PER ELECTION** \$ G2020 11,750.00
   † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____  <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE _____	_____% RATE  \$ _____	\$ _____  DATE INCURRED _____	CALENDAR YEAR \$ _____  PER ELECTION** \$ _____
<b>SUBTOTALS</b>		\$ 11750	\$ 0	\$ 0	\$ 11750	\$ 0		

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$ 0.00**  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

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

\_\_\_\_\_  
\_\_\_\_\_

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	06/30/2022	Page 5 of 7
NAME OF FILER		I.D. NUMBER
Ariel Kelley for City Council 2020		1424830

SEE INSTRUCTIONS ON REVERSE

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

- |   |   |   |
|---|---|---|
| CMP 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                   |
| 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) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google [REDACTED] Menlo Park, CA 94025	WEB		36.00
Google [REDACTED] Menlo Park, CA 94025	WEB		36.00
Google [REDACTED] Menlo Park, CA 94025	WEB		36.00

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

**SUBTOTAL \$ 108.00**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	3,355.94
2. Unitemized payments made this period of under \$100.....	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b>	<b>3,355.94</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	06/30/2022	Page 6 of 7
NAME OF FILER		I.D. NUMBER
Ariel Kelley for City Council 2020		1424830

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ariel Kelley for City Council 2020

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

- |   |   |   |
|---|---|---|
| CMP 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                   |
| 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) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google [REDACTED] Menlo Park, CA 94025	WEB		36.00
Google [REDACTED] Menlo Park, CA 94025	WEB		36.00
Google [REDACTED] Menlo Park, CA 94025	WEB		36.00
Zoom [REDACTED] San Jose, CA 95113	OFC		14.99
Zoom [REDACTED] San Jose, CA 95113	OFC		14.99

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

**SUBTOTAL \$ 137.98**

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1/1/2022	
through	6/30/2022	Page 7 of 7
NAME OF FILER		I.D. NUMBER
Ariel Kelley for City Council 2020		1424830

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ariel Kelley for City Council 2020

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

CMP	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
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)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Zoom [REDACTED] San Jose, CA 95113	OFC			14.99
Zoom [REDACTED] San Jose, CA 95113	OFC			14.99
Zoom [REDACTED] San Jose, CA 95113	OFC			29.98
Secretary of State [REDACTED] Sacramento, CA 95814	FIL			50.00
Sonoma County Democratic Party [REDACTED] Santa Rosa, CA 95401	CVC			3000.00

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

**SUBTOTAL \$ 3109.96**

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

