

# Recipient Committee Campaign Statement Cover Page

1/31/23 (1)

Date Stamp  
**RECEIVED**  
**LOS ANGELES**  
**2023 FEB -1**  
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**CAMPAIGN FINANCE**

**CALIFORNIA FORM 460**  
 COUNTY of 4  
 Page \_\_\_\_\_ of 4  
 For Official Use Only

Statement covers period  
 from 10/23/2022  
 through 12/31/2022

Date of election if applicable:  
 (Month, Day, Year)  
11/08/2022

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

**3. Committee Information** I.D. NUMBER 1318899

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
S. FISHER FOR COLLEGE BOARD 2022

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Compton</u>	<u>CA</u>	<u>90221</u>	<u>(424) 224-3552</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
_____	_____	_____	_____

OPTIONAL: FAX / E-MAIL ADDRESS  
donate@skyyfisher.com

**Treasurer(s)**

NAME OF TREASURER  
Skyy D. Fisher

MAILING ADDRESS  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Compton</u>	<u>CA</u>	<u>90221</u>	<u>(424) 224-3552</u>

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 certify under penalty of perjury under the laws of the State of California that the for

Executed on 1/30/2023 By \_\_\_\_\_  
Date

Executed on 1/30/2023 By \_\_\_\_\_  
Date

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

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

herein and in the attached schedules is true and complete. I

\_\_\_\_\_  
 Treasurer

\_\_\_\_\_  
 Sponsor or Responsible Officer of Sponsor

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

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

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Skyy D. Fisher

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 Board Member, Compton Community College District, TA1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
 Compton CA 90221

**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
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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
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**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 from <u>10/23/2022</u> through <u>12/31/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>4</u>
	I.D. NUMBER 1318899

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

S. FISHER FOR COLLEGE BOARD 2022

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ 0.00	\$ 8,650.00
2. Loans Received..... <i>Schedule B, Line 3</i>	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ 0.00	\$ 8,650.00
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ 0.00	\$ 8,650.00

**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..... <i>Schedule E, Line 4</i>	\$ 650.00	\$ 8,650.00
7. Loans Made..... <i>Schedule H, Line 3</i>	0.00	8,650.00
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ 650.00	\$ 8,650.00
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	0.00	0.00
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	0.00	0.00
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ 650.00	\$ 8,650.00

**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..... <i>Previous Summary Page, Line 16</i>	\$ 650.00
13. Cash Receipts..... <i>Column A, Line 3 above</i>	650.00
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	0.00
15. Cash Payments..... <i>Column A, Line 8 above</i>	650.00
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 0.00

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

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).

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ 0.00
-------------------------------------------------------------	---------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... <i>See Instructions on reverse</i>	\$ 0.00
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ 0.00

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER <u>S. FISHER FOR COLLEGE BOARD 2022</u>		I.D. NUMBER <u>1318899</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

S. FISHER FOR COLLEGE BOARD 2022

**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
Concepcion Carillo Palmdale, CA 90033	LIT		Full Color	650.00

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

**SUBTOTAL \$ 650.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 650.00
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 \$ 650.00</b>

COPY

1/31/23 (1)

Statement of Organization Recipient Committee

RECEIVED BY  
LOS ANGELES COUNTY  
2023 FEB -1 PM 2:59  
CAMPAIGN FINANCE

CALIFORNIA FORM 410  
For Official Use Only

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
Date qualification threshold met

Termination - See Part 5  
Date of termination  
12 / 31 / 2022

<b>1. Committee Information</b>				<b>2. Treasurer and Other Principal Officers</b>			
I.D. Number 1318899 <small>(if applicable)</small>				NAME OF TREASURER Skyy D. Fisher			
NAME OF COMMITTEE S. FISHER FOR COLLEGE BOARD 2022				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY Compton	STATE CA	ZIP CODE 90221	AREA CODE/PHONE (424) 224-3552
CITY Compton	STATE CA	ZIP CODE 90221	AREA CODE/PHONE (424) 224-3552	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) donate@skyfisher.com				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE Los Angeles			NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

**3. Verification**

I have used all reasonable diligence in preparation of this statement and I warrant the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Executed on 1/30/2023 By \_\_\_\_\_  
DATE

Executed on 1/30/2023 By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

\_\_\_\_\_  
TREASURER OR ASSISTANT TREASURER

\_\_\_\_\_  
MEMBER, CANDIDATE, OR STATE MEASURE PROPONENT

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>S. FISHER FOR COLLEGE BOARD 2022</b>	I.D. NUMBER <b>1318899</b>
-----------------------------------------------------------	-------------------------------

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>Bank of America</b>	AREA CODE/PHONE <b>(310) 886-5807</b>	BANK ACCOUNT NUMBER	
ADDRESS	CITY <b>Compton</b>	STATE <b>CA</b>	ZIP CODE <b>90221</b>

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<b>Skyy D. Fisher</b>	<b>Compton Community College District, TA 1</b>	<b>2022</b>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

1318899

COMMITTEE NAME

S. FISHER FOR COLLEGE BOARD 2022

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.