**Recipient Committee** 

1. Type of Recipient Committee: All Committees — Complete Parts 1, 2, 3, and 4.  ② Officiohoder, Candidate Eduction Committee ③ State Candidate Eduction Committee ③ State Candidate Eduction Committee ③ State Candidate Eduction Committee ③ Special Odd-Year Report ⑤ Special Odd-Year Report ⑥ Special Odd-Year Report ⑤ Special Odd-Year Report ⑥ Special Odd-Year Report ⑥ Special Odd-Year Report ⑥ Special Odd-Year Report ⑦ Special Odd-Y	Co (Go	ampaign Statement Committed ampaign Statement Code Sections E INSTRUCTIONS ON REVER	ent 84200-84216.5)	from	10/18/2020 gh12/31/2020	Date of election if applicable (Month, Day, Year)	LOS ANGELES O OI /25 /20 2021 JAN 27 I CAMPAIGN F	S COU PM 1: 346 INANCE	ALIFORNIA 460  ge of  For Official Use Only  020 36 2
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  EXAME OF TREASURER  Lysa Ray  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  Alhambra CA 91801 (626) 921-5557 x7  MAILING ADDRESS (IN DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  Alhambra CA 91801 (626) 921-5557 x7  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  Santa Ana CA 92704 (714) 540-229  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  Santa Ana CA #92704  OPTIONAL: FAX / E-MAIL ADDRESS  1/9847 x/ - campaignaer vice degmail . com  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 as  Executed on 01/18/2021		∑ Officeholder, Candida	ate Controlled Committee lection Committee nmittee Committee	Primarily Committe Control Spon (Also Comple	Formed Ballot Measure  ele  colled  sored  ele Part 6)  Formed Candidate/  der Committee	Preelection Statemen Semi-annual Statemen Termination Statemen (Also file a Form 410	nt [t t Termination)	Quarterly S Special Od Supplemen	Statement d-Year Report stal Preelection
Alhambra CA 91801 (626) 921-5557 x7  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  Tysaray.campaignservices@gmail.com  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of mu 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 as  Executed on O1/18/2021  Date  By   Executed on O1/18/2021  Date  By   Executed on O2/18/2021  Date  By   Executed on O3/18/2021  Date  By   Executed on O4/18/2021  Date  By   Executed on O5/18/2021  Date  By   Executed on O6/18/2021  Date  By   Executed on O6/18/2021  Date  By   Executed on O7/18/2021  Date  Executed on O6/18/2021  Date  By   Executed on O7/18/2021  Date  Executed on O7/18/2021  Date  Executed on O7/18/2021  Date  By   Executed on O7/18/2021  Date  Executed on O7/18/2021  Date	3.	COMMITTEE NAME (OR CA Killackey for Scho	NDIDATE'S NAME IF NO COM nol Board 2020	143340		NAME OF TREASURER Lysa Ray MAILING ADDRESS			AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  Santa Ana CA *92704  OPTIONAL: FAX / E-MAIL ADDRESS  1 yearay . campaignservices@gmail . com  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 a  Executed on		CITY	STATE	ZIP CODE	AREA CODE/PHONE	Committee of the commit		32704	(714/340-2293
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  Santa Ana CA *92704  OPTIONAL: FAX / E-MAIL ADDRESS  1 yearay . campaignservices@gmail . com  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 a  Executed on		Alhambra	CA	91801	(626) 921-5557 x	7			
Santa Ana  CA #92704  OPTIONAL: FAX / E-MAIL ADDRESS  1ysaray.campaignservices@gmail.com  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 a  Executed on			FERENT) NO. AND STREET C	OR P.O. BOX	*				
Santa Ana  CA #92704  OPTIONAL: FAX / E-MAIL ADDRESS  1ysaray.campaignservices@gmail.com  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 a  Executed on		CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
1 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 as  Executed on		Santa Ana	CA	*92704					
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 as    Executed on		OPTIONAL: FAX / E-MAIL A	ADDRESS		W	OPTIONAL: FAX / E-MAIL ADI	DRESS		
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 a    Executed on		lysaray.campaignse	rvices@gmail.com						
		I have used all reasonable under penalty of perjury un Executed on Executed on	01/18/2021 Date  01/18/2021  Date		By	nowledge the information contained h	nerein and in the attached	schedules is tr	rue and complete. I certify
		Executed on	Date	_	Ву	Signature of Controlling Officeholder, Candidate	, State Measure Proponent		FPPC Form 460 (Jan/2016

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

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 11

Officeholder or Candidate Controlled Co		6.	Primarily Formed Ball	lot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Michael Killackey							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT
School Board Member San Marino USD							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STAT	E ZIP					
	San Marino CA	91108		Identify the controlling of	fficeholder, ca	andidate, or state measu	ire proponent, if an
	ball Pallio CA	31100		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily form			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER						
	0.000.000						
NAME OF TREASURER	CONTROLLED COMM	MITTEE?	7.	Primarily Formed Car			
NAME OF TREADURER	☐ YES ☐	ALL LANGE OF THE PARTY OF THE P		officeholder(s) or candidate(	s) for which th	Is committee is primarily i	ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD D
COMMITTEE ADDRESS (NO.	O. BOX)						SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA C	ODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	n
						OFFICE GOOGHT ON THE	SUPPORT
							OPPOSE
COMMITTEE NAME .	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	D 5
						- A 1.1.5 - A 3.5 - A	SUPPORT OPPOSE
		1777					LI OFFOSE
NAME OF TREASURER	CONTROLLED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT
	☐ YES ☐	NO					SUPPLIE
							OPPOSE
COMMITTEE ADDRESS (NO F	P.O. BOX)						
COMMITTEE ADDRESS (NO F	P.O. BOX)						
		ODE/PHONE		Atte	ach continuat	ion sheets if necessary	

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period **CALIFORNIA FORM** 10/18/2020 from . Page \_\_3 \_\_ of \_\_11 12/31/2020 through \_\_ I.D. NUMBER 1433407

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Killackey for School Board 2020					1433407			
Contributions Received	(F	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
Monetary Contributions Schedule A, Line 3		8,850.00	\$_	9,049.99				
2. Loans Received Schedule B, Line 3		-1,100.00		0.00	1/1 through 6/30 7/1 to Date			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	7,750.00	\$	9,049.99	20. Contributions Received \$ \$			
4. Nonmonetary Contributions		400.00		456.16	21 Evpenditures			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	8,150.00	\$	9,506.15	Made \$ \$			
Expenditures Made					Expenditure Limit Summary for State			
3. Payments Made Schedule E, Line 4	\$	8,375.99	\$	9,049.99	Candidates			
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*			
B. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	8,375.99	\$	9,049.99	(If Subject to Voluntary Expenditure Limit)			
P. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		-2,629.70		0.00	Date of Election Total to Date			
). Nonmonetary Adjustment Schedule C, Line 3		400.00		456.16	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE	\$	6,146.29	\$	9,506.15	<i></i> \$			
Current Cash Statement								
2. Beginning Cash Balance Previous Summery Page, Line 16	\$	625.99	То	calculate Column B, add				
3. Cash Receipts Column A, Line 3 above			ounts in Column A to the responding amounts					
4. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	froi	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.			
5. Cash Payments Column A, Line 8 above		8,375.99		ort. Some amounts in umn A may be negative				
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0.00	figu	res that should be stracted from previous				
If this is a termination statement, Line 16 must be zero.			per	iod amounts. If this is first report being filed				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts		s 0.00 for the		this calendar year, only ry over the amounts				
			from	n Lines 2, 7, and 9 (if				
18. Cash Equivalents See instructions on reverse								
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00						

### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

	ONS ON REVERSE	to	whole dollars.	from10/18/2	020 CA	FORW	460
NAME OF FILER					I.D. 1	NUMBER	
Killackey f	or School Board 2020				143	3407	
DATÉ 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)	TO	ELECTION O DATE REQUIRED)
12/31/2020	Michael Killackey San Marino, CA 91108	IND □COM □OTH □PTY □SCC	Attorney Killackey Law Offices APC	100.00	9,306.16	G2020	\$9,306.1
12/31/2020	Michael Killackey San Marino, CA 91108	⊠IND □COM □OTH □PTY □SCC	Attorney Killackey Law Offices APC	250.00	9,306.16	G2020	\$9,306.1
12/31/2020	Michael Killackey San Marino, CA 91108	⊠IND □COM □OTH □PTY □SCC	Attorney Killackey Law Offices APC	1,000.00	9,306.16	G2020	\$9,306.1
12/31/2020	Michael Killackey San Marino, CA 91108	⊠IND □COM □OTH □PTY □SCC	Attorney Killackey Law Offices APC	2,500.00	9,306.16	G2020	\$9,306.1
12/31/2020	Michael Killackey San Marino, CA 91108	SIND □COM □OTH □PTY □SCC	Attorney Killackey Law Offices APC	5,000.00	9,306.16	G2020	\$9,306.1
			SUBTOTAL\$	8,850.00			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	8,850.00		ual pient Commi er than PTY	or SCC)
3. Total mone	eceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			8,850.00	OTH - Othe PTY - Politic SCC - Small	r (e.g., busi al Party	iness entity)

oans Received	to whole dollar	ounded rs.			ers period	CALIFORNIA 460		
E INSTRUCTIONS ON REVERSE					through12/3	1/2020	Page5	of11
ME OF FILER							I.D. NUMBER	10
llackey for School Board 2020							1433407	
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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIO TO DATE
chael Killackey	Attorney	PERIOD		□ PAID	PERIOD			CALENDAR YEA
n Marino, CA 91108	Killackey Law Offices APC			\$0_00	\$0.00	0_00% RATE	\$ 1,000.00	\$_9,306_1 PERELECTION
IND COM OTH PTY SCC		\$_1,000_00	s0_00	\$ 1,000.00	DATE DUE	\$0,00	09/29/2020 DATE INCURRED	\$G2020 9,306
chael Killackey	Attorney Killackey Law Offices			PAID				CALENDAR YEA
n Marino, CA 91108	APC			\$0.00	so	O DO%	\$	\$ 9,306.3
IND COM OTH PTY SCC	1	\$ 100.00	\$0_0	\$	DATE DUE	\$0,00	09/29/2020 DATE INCURRED	\$G2020 9,306
chael Killackey nn Marino, CA 91108	Attorney Killackey Law Offices APC			PAID  \$O_OO  FORGIVEN	\$0,00	00% RATE	\$ -2,500.00	\$ 9,306.1
IND COM OTH PTY SCC		\$0_00	\$ 2,500.00	\$ 2,500.00	DATE DUE	\$0.00	10/20/2020 DATE INCURRED	\$G2020 9,306
		SUBTOTALS \$	2,500.00	3,600.0	0\$ 0.00	\$ 0.00	Constant	
chedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period	and the same of th			s	7,750.00			
(Total Column (b) plus unitemized loan	s of less than \$100.)						ontributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	0 paid or forgiven.)		•••••	\$	8,850.00	OT PT	OM – Recipient Co (other than TH – Other (e.g., Y – Political Party	PTY or SCC) business entity
Net change this period. (Subtract Line Enter the net here and on the Summar				NET \$	-1,100.00 flay be a negative number)	so	C – Small Contrib	utor Committee

SCHEDULE B-PART 1 (CONT.) Schedule B - Part 1 (Continuation Sheet) Statement covers period Amounts may be rounded CALIFORNIA Loans Received to whole dollars. **FORM** 10/18/2020 from through \_\_\_12/31/2020 Page \_\_6 \_\_ of \_\_11 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Killackey for School Board 2020 1433407 (a) OUTSTANDING (c) OUTSTANDING (g) IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT INTEREST CUMULATIVE AMOUNT PAID ORIGINAL OCCUPATION AND EMPLOYER BALANCE BALANCEAT OF LENDER RECEIVED THIS PAID THIS **AMOUNT OF** CONTRIBUTIONS OR FORGIVEN (IF SELF-EMPLOYED, ENTER BEGINNING THIS **CLOSE OF THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD PERIOD TO DATE NAME OF BUSINESS) THIS PERIOD LOAN PERIOD PERIOD Michael Killackey Attorney CALENDAR YEAR ☐ PAID Killackey Law Offices San Marino, CA 91108 0.00% \$ 9,306.16 \$\_\_\_0.00 \$ 5,000.00 0.00 RATE FORGIVEN PER ELECTION\*\* 11/24/2020 \$G2020 9,306.16 0.00 \$ 5,000.00 \$ 5,000.00 DATE DUE DATE INCURRED TIND COM OTH PTY SCC Michael Killackev Attorney PAID CALENDAR YEAR Killackey Law Offices San Marino, CA 91108 0.00% RATE \$ 9,306.16 \$ 0.00 \$ 250.00 0.00 FORGIVEN PER ELECTION \*\*\* 12/29/2020 gG2020 9,306.16 0.00 250.00 \$ 250.00 DATE DUE DATE INCURRED TIND COM OTH PTY SCC PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION \*\* T□ IND □ COM □ OTH □ PTY □ SCC DATE DUE DATE INCURRED CALENDAR YEAR ☐ PAID FORGIVEN PER ELECTION \*\*

SUBTOTALS \$

5,250.00\$

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

†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

DATE INCURRED

0.00

DATE DUE

0.00\$

5,250.00\$

TO IND COM OTH PTY SCC

	le C netary Contributions Received		Amounts may be rounded to whole dollars.		from	10/18/202		CALIFO FOR	DRNIA	<b>46</b> (
SEE INSTRUCT	TIONS ON REVERSE				throu	igh 12/31/202	10	Page	7 of_	11
NAME OF FILE								I.D. NUMBE	ER	
Killackey	for School Board 2020							1433407		
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)	DESCRIPTION ( GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULATI DATE CALENDAR (JAN 1 - DE	YEAR	TO	LECTION DATE QUIRED)
2/31/2020	Michael Killackey San Marino, CA 91108	⊠IND □COM □OTH □PTY □SCC	Attorney Killackey Law Offices APC	Bill Forgiven		400.00	9	,306.16	32020	\$9,306.
		□IND □COM □OTH □PTY □SCC	-7							
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	ditional information on appropriately labe	eled continuat	ion sheets.	SUBTO	TAL \$	400.00	CK I E TO			10 Part 10 Par

(Include all Schedule C subtotals.) \$

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

COM - Recipient Committee

PTY - Political Party

(other than PTY or SCC)

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

SCC - Small Contributor Committee

400.00

400.00

0.00

3. Total nonmonetary contributions received this period.

Schedule E	
<b>Payments Made</b>	

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA 460
from	10/18/2020	FORM TOO
through _	12/31/2020	Page8 of11
		I.D. NUMBER
		1422407

Killackey for School Board 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
m.	FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
v	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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF	F PAYMENT AMOUNT PAID
Capital One Card	CMP	2,229.7
City Of Industry, CA 91716		
Capital One Card	CMP	5,461.1
City Of Industry, CA 91716		
Lysa Ray Campaign Services	PRO	250.0
Santa Ana, CA 92704		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$	7,940.80
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)	\$	8,290.99
Unitemized payments made this period of under \$100	\$	85.00
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.)	TOTAL \$	8,375.99

# Schedule F

SCHEDULE E (CONT.)

from10/18/2020	FORM 460
through 12/31/2020	Page9 of11
	I.D. NUMBER
	1433407

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 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)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration

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

CODE OR DESCRIPTION OF PAYO	MENT AMOUNT PAID
PRO	250.0
PRO	100.1
	PRO

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

SUBTOTAL \$

350.19

0.00

Schedule	F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

**CALIFORNIA** Statement covers period **FORM** from \_\_\_\_10/18/2020 through 12/31/2020 Page \_\_ 10 \_\_ of \_\_ 11 \_\_ I.D. NUMBER 1433407

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Killackey for School Board 2020

	COL	DES: If one of the following codes accurately describ	es the	payment, you may enter the code.	Otherwise	e, describe the payment.
(	MP.	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
IN F	IL.	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
■ F	-ND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
- 1	D	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
L	EG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
L	Л	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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
Capital One Card	CMP	2,229.70	0.00	2,229.70	0.0
City Of Industry, CA 91716					
Michael Killackey San Marino, CA 91108	FIL	400.00	-400.00	0.00	0.00
* Payments that are contributions or independent expenditures must al	so be SUBTOTALS	\$ 2,629,70\$	-400.00\$	2 229 70\$	0.00

### Schedule F Summary

summarized on Schedule D.

1	accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	-400.00
2	2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	2,229.70
3	Net change this period (Subtract Line 2 from Line 1. Enter the difference here and	

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

NET \$ -2,629.70

May be a negative number

SUBTOTALS \$

2,629.70\$

-400.00\$

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

2,229.70\$

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

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA 460
from	10/18/2020	FORM 40U
through .	12/31/2020	Page11 of11

I.D. NUMBER 1433407

SCHEDULEG

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Killackey for School Board 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Capital One Card

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

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)\* ND LEG legal defense

LIT campaign literature and mailings MBR member communications MTG meetings and appearances

OFC office expenses PET petition circulating

PHO phone banks POL polling and survey research

POS postage, delivery and messenger services professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals TRC TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Outlook Newspapers	PRT		4,700.00
La Canada Flintridge, CA 91012			
Outlook Newspapers	PRT		560.00
La Canada Flintridge, CA 91012			
Attach additional information on appropriately labeled continuation she	eets.		TOTAL* \$ 5,260.00

<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.

Statement of Recipient Con		1			LO\$	ANGELES COUNTY	CALIFO	
Statement Type	<ul> <li>☒ Initial</li> <li>◯ Not yet qualifier</li> <li>or</li> <li>☒ Date qualificat</li> </ul>		Date qualification threshol	d met	Date of termination CA	JAN 27 PM 1: 34 MPAIGN FINANCE	02	or Official Use Only 362 1509
1. Committee Ir	nformation	I.D. Number			2. Treasurer and Ot	ther Principal Officers		
NAME OF COMMITTEE					NAME OF TREASURER			
Killackey for So	chool Board 202	0			Lysa Ray STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O.	D. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
					Santa Ana	CA	92704	(714)540-2295
CITY		STATE ZIP C	ODE AREA CODE/PH	HONE	NAME OF ASSISTANT TREASURER, IF		92704	(714)549-2295
Alhambra		CA	91801 (626) 9	21-5557 x7				
FULL MAILING ADDRESS  E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)		Ana, CA 92704		STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE		RISDICTION WHERE COM	MMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
Los Angeles		Los Angeles	County					
					STREET ADDRESS (NO P.O. BOX)			
Attach additional	information on a	ppropriately lab	eled continuation sheets	ī.	сту	STATE	ZIP CODE	AREA CODE/PHONE
I have used all re penalty of perju	easonable diliger ry under the law  1/18/2021 DATE  1/18/2021 DATE	ice in preparing	Califori	e hest af mv	knowledge the information	URE PROPONENT	and complete	e. I certify under
Executed on	V.5074573	D	SIGNATURE O	. CONTROLLING OF	THE	THE PARTY NEWS		
executed on	DATE	Ву	SIGNATURE	OF CONTROLLING OF	FICEHOLDER CANDIDATE OR STATE MEA	SURE PROPONENT		

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee					ORNIA 4	10
INSTRUCTIONS ON REVERSE					Page 2 of 3	
COMMITTEL NAME	300000000000000000000000000000000000000			I.D. NUMBER	ange a on o	
Killackey for School Board 2020					1433407	
All committees must list the financial institution where the campaign	n bank account is located.					
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER				
Bank of America		32513082293	4			
ADDRESS	CITY	STATE	ZIP CODE			
	Santa Ana	CA	92704			
	ite measure proponent. If candidate or off	ceholder controlle	d, also list the e	ective off	ice sought or he	eld, an
List the name of each controlling officeholder, candidate, or sta district number, if any, and the year of the election.  List the political party with which each officeholder or candidate	te is affiliated or check "nonpartisan." Statin	ng "No party prefer	ence" is accepta		ice sought or he	eld, an
List the name of each controlling officeholder, candidate, or sta district number, if any, and the year of the election.  List the political party with which each officeholder or candidate	te is affiliated or check "nonpartisan." Statin	ng "No party prefer of the other contro	ence" is acceptalled committee.		ice sought or he	eld, an
List the name of each controlling officeholder, candidate, or standistrict number, if any, and the year of the election.  List the political party with which each officeholder or candidate of the election.	te is affiliated or check "nonpartisan." Statione, list the name and identification number of ELECTIVE OFFICE SOUGHT OR HELD	of the other control  YEAR OF ELECTIO	ence" is acceptalled committee.	able. ARTY EKONE	ice sought or he	
List the political party with which each officeholder or candidate.  If this committee acts jointly with another controlled committee.  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	te is affiliated or check "nonpartisan." Station e, list the name and identification number of ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICAB	of the other control  YEAR OF ELECTIO	led committee.	able. ARTY EKONE		below)
List the name of each controlling officeholder, candidate, or standistrict number, if any, and the year of the election.  List the political party with which each officeholder or candidate of the committee acts jointly with another controlled committee NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT  Michael Killackey	te is affiliated or check "nonpartisan." Station e, list the name and identification number of ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICAB	of the other control  VEAR OF ELECTION  2020	led committee.  Nonpartisan X	able.  RTY  K ONE  Partisan	(list political party	below)
List the name of each controlling officeholder, candidate, or standistrict number, if any, and the year of the election.  List the political party with which each officeholder or candidate of the committee acts jointly with another controlled committee NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT  Michael Killackey	e, list the name and identification number of ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABE School Board Member San Marino U	of the other control  VEAR OF ELECTION  2020	led committee. Nonpartisan X Nonpartisan	ARTY  K ONE  Partisan  Partisan	(list political party	below)

SUPPORT

OPFOSE

Statement of Organization **Recipient Committee** INSTRUCTIONS ON REVERSE

CALIFORNIA FORM

Page 3 of 3 COMMITTEE NAME

I.D. NUMBER

Killackey for School Board 2020

4. Type of committee	1.	Ty	pe	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 proponent 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.