				(P)DC	PE24-2 CALIFORNIA 410
Statement of (Recipient Con				RECEIVED BY OS ARTELIS COUNTY	FORM 410
Statement Type	☐ Initial ○ Not yet qualified or ○ Date qualification threshold met	Date qualification threshold met	Date of termination 3 5 24	2024 MAY 13 PM 2: 03 CAMPAIGN FINANCE	019688 C11964
1. Committee I	nformation I.D. Number		A STATE OF THE PARTY OF THE PAR	Other Principal Officers	图 化水流流流
OMAD SDDVE	OR COMPTON UNIFIED	SCHOOL DISTRICT	NAME OF TREASURER OMAR SPRY		
BOARDMEME		SCITOOL DISTRICT	STREET ADDRESS (NO P.O. BO	COMPTON	STATE ZIP CODE CA 90222
Empre Labarra III.a.a.	s newl		EMAIL ADDRESS OF TREASUR		AREA CODE/PHONE
STREET ADDRESS (NO P.C	J. BOX)		OMARSPRY@GMAI		
СІТУ	STATE	ZIP CODE AREA CODE/PHONE		KER, IF ANT	
COMPTON FULL MAILING ADDRESS	A MANAGEMENT AND A STATE OF THE	90222 3239845933	STREET ADDRESS (NO P.O. BO NONE	X) CITY	STATE ZIP CODE
SAME AS ABOVE	MMITTEE (REQUIRED) / FAX (OPTIONAL)	· · · · · · · · · · · · · · · · · · ·	EMAIL ADDRESS OF ASSISTAN	NT TREASURER (REQUIRED)	AREA CODE/PHONE
OMARSPRY@GM			NAME OF PRINCIPAL OFFICER	of CS	
COUNTY OF DOMICILE	JURISDICTION WHERE (OMMITTEE IS ACTIVE	TRANSE OF PARTEINAL OF FICE	103	
LOS ANGELES	COMPTON LOS	ANGELES COUNTY	STREET ADDRESS (NO P.O. BO	X) CITY	STATE ZIP CODE
Attach additional i	information on appropriately labe	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPA	M. OFFICER(S) (REQUIRED)	AREA CODE/PHONE
3. Verification					3.6. 种种的数据
	sonable diligence in preparing the under the laws of the State of Ca			ion contained herein is true and co	emplete. I certify under
Executed on	/3/2(/ By		INT TREASUR	ER	_
Executed on	DATE By	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE N	REASURE PROPONENT	_
Executed on	DATE By	SIGNATURE OF CONTROL	LUNG OFFICEHOLDER, CANDIDATE, OR STATE M	MEASURE PROPONENT	-
Executed on	DATE By	SIGNATURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STATE N	AEASURE PROPONENT	FPPC Form 410 (October/2023

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Measure 2. Type o Measure Prec Sem (Als Ame I HAV NOW Treasure ARD (Month, (M	f Statement: election Statement ini-annual Statement io file a Form 410 Tendment (Explain b /E NO PLANS OR IN THE FU rer(s) REASURER	AMPAIGN FINA MPAIGN FINA MPAIG	☐ Quarterly S☐ Special Odd	For Official Use Only
ARD 2. Type o Prec Sen Fan And NOW Treasur NAME OF T OMAR :	of Statement: election Statement ini-annual Statement ini-annual Statement io file a Form 410 Tendment (Explain b VE NO PLANS OR IN THE FU rer(s) REASURER	nt t Termination) pelow) TO EVER RUN F	☐ Quarterly S☐ Special Odd	d-Year Report
Measure Pred Sem Sem (Als date/ I HAV NOW Treasure NAME OF T OMAR S	election Statement ni-annual Statement nination Statement to file a Form 410 T endment (Explain b /E NO PLANS OR IN THE FU rer(s)	nt t (Fermination) pelow) TO EVER RUN F	Special Odd	d-Year Report
Sem Sem Term (Als Ame I HAV NOW Treasur NAME OF T OMAR 3	ni-annual Statement in the property of the pro	nt t (Fermination) pelow) TO EVER RUN F	Special Odd	d-Year Report
NAME OF TO	REASURER			
ARD OMAR			a. Min	
	CDDV			
MAIL INIC AT	SPRI			
MAILING AL	DDRESS			A CONTRACTOR OF THE CONTRACTOR
CITY	. жи	STATE	ZIP CODE	AREA CODE/PHONE
COMPT	ON	CA	90222	3239845933
DE/PHONE NAME OF A	SSISTANT TREASUR	ER, IF ANY		
5933 NONE				
MAILING AF	DDRESS			
NONE				
DE/PHONE CITY		ŞTATE	ZIP CODE	AREA CODE/PHONE
NONE				
OPTIONAL	FAX / E-MAIL ADDRE	ESS		
NONE				
0100	COMPT NAME OF A 933 NONE MAJLING AT NONE E/PHONE CITY NONE OPTIONAL: NONE	COMPTON NAME OF ASSISTANT TREASUR 933 NONE MAILING ADDRESS NONE CITY NONE OPTIONAL: FAX / E-MAIL ADDRE NONE the best of my knowledge the information contains oing is true and correct.	COMPTON CA NAME OF ASSISTANT TREASURER, IF ANY NONE MAJLING ADDRESS NONE CITY STATE NONE OPTIONAL: FAX/E-MAIL ADDRESS NONE the best of my knowledge the information contained herein and in the atoing is true and correct.	COMPTON CA 90222 NAME OF ASSISTANT TREASURER, IF ANY NONE MAILING ADDRESS NONE CITY STATE ZIP CODE NONE OPTIONAL: FAX / E-MAIL ADDRESS NONE I the best of my knowledge the information contained herein and in the attached schedule: oing is true and correct.

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Executed on

FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page	of

Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
,		•					•
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN.] SUPPORT] OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	eholder, candi	date, or state	measure prop	onent, if any.
Related Committees Not Included in this St	atement. List any committees		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD		: . ·	DISTRICT NO.	IF ANY
COMMITTEE NAME.	I.D. NUMBER	,					
NAME OF TREASURER	CONTROLLED.COMMITTEE?	7.	Primarily Formed Candofficeholder(s) or candidate(s)) for which this	committee is	primarily forme	st names of ed.
COMMITTEE ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
·	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.)	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		Atta	ach continuation	on sheets if n	ecessary	
	. •						٠.

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 1/21/24 from 2/17/24 Page _ through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER OMAR SPRY FORT COMPTO SCHOOL BOARD MEMBER

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR YOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		\$	20. Contributions Received \$ \$ \$ \$ \$ \$ Made \$ \$ \$
Expenditures Made 6. Payments Made	\$	\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	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. FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3777

www.fppc.ca.gov

Schedule	A		ts may be rounded				SCHEDULE A	
_	Contributions Received	. to	whole dollars.	Statement covers period		CALIFORNIA 460		
				from1/2	1/24		ORM 400	
SEE INSTRUCTIO	NS ON REVERSE		•	through2/	17/24	Page	of	
NAME OF FILER	RY FORT COMPTO SCHOOL BOARD MEMBER				,	I.D. NU	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)	
	N/X	☐IND ☐COM ☐OTH ☐PTY ☐SCC		,		,	·	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					,	
	MIL	☐IND ☐COM ☐OTH ☐PTY ☐SCC						
	NR	☐IND☐COM☐OTH☐PTY☐SCC			. ,			
	N/K.	☐IND ☐COM ☐OTH ☐PTY ☐SCC			-		-	
-			SUBTOTAL	<u> </u>		0 5 11 7 11 11 11 11 11 11 11 11 11 11 11 1		
Amount re (Include al Amount re	A Summary aceived this period – itemized monetary contributions, li Schedule A subtotals.) aceived this period – unitemized monetary contribution etary contributions received this period.	•••••		δ δ	IND COM OTH PTY	(other – Other (– Politica	ial ient Committee than PTY or SCC) (e.g., business entity)	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$			F0:	20 Farm 450 (107/2015)	

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

Schedule Vlonetary	e A (Continuation Sheet) Contributions Received	Amounts may be rounded to whole dollars.			vers period 1/24 17/24	CALIFORNIA FORM Page of	
OMAR SPI	RY FORT COMPTO SCHOOL BOARD MEMBER					I.D. NUN	ABER
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)
	, N/K	□IND □COM □OTH □PTY □SCC					
	MK	□IND □COM □OTH □PTY □SCC					
	NA	□IND □COM □OTH □PTY □SCC,					
	NA	□IND □COM □OTH □PTY					

scc

☐IND ☐COM ☐OTH ☐PTY

scc

SUBTOTAL \$

*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

	Δm	ounts may be ro	unded		•		SCHE	DULE B - PART 1
Schedule B – Part 1 Loans Received		to whole dollars			Statement cov	ers period 1/24	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE			•			17/24	Page	of
NAME OF FILER							I.D. NUMBER	
OMAR SPRY FORT COMPTO SCHOOL	BOARD MEMBÉR				-			
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	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 CONTRIBUTIONS TO DATE
	. ,	,	,	PAID	\$	%	\$	CALENDAR YEAR
	ALL X		e	FORGIVEN		RATE		PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC			•	₹	DATE DUE	4	DATE INCURRED	, , , , , , , , , , , , , , , , , , , ,
				☐ PAID				CALENDAR YÉAR
				\$	\$	RATE	\$	\$ PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC	MIN	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			PAID				CALENDAR YEAR
	XIII			\$	\$	RATE	\$	\$PER ELECTION**
† IND COM OTH PTY SCC	1011	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
, , , , , , , , , , , , , , , , , , , ,	(SUBTOTALS \$;	\$	\$	\$		
Schedule B Summary 1. Loans received this period		-		\$	6	(Enter (e) on Schedule E, Line 3	s)	
(Total Column (b) plus unitemized loa			,		λ	(†	Contributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$' (Include loans paid by a third party th 	00 paid or forgiven.)			\$	<u> </u>		ND – Individual COM – Recipient C (other than I DTH – Other (e.g., l	PTY or SCC)
3. Net change this period. (Subtract Li				Net ¢	O	· F	PTY – Coner (e.g., PTY – Political Part SCC – Small Contri	у
Enter the net here and on the Summ					lay be a negative number)	ر		- Committee

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

** If required.

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

						SCH	EDULE B - PART
Schedule B – Part 2		Amounts may be rounded to whole dollars.		Statem	ent covers period	CALIFOR	NIA 460
_oan Guarantors			•	from	1/21/24	FORM	400
SEE INSTRUCTIONS ON REVERSE				through _	2/17/24	Page	of
NAME OF FILER						I.D. NUMBER	
OMAR SPRY FORT COMPTO SCHOOL BO	ARD MEMBER						
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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		LENDER			CALENDAR YEAR	
1 (1)	□ОТН □РТҮ		DATE			PER ELECTION (IF REQUIRED)	
NIR	□scc					\$	
	☐ IND		LENDER		-	CALENDAR YEAR	
NIN	□ OTH		DATE			PER ELECTION (IF REQUIRED)	
/2 /1.	□scc		•	•		\$	
•	□IND □COM		LENDER			CALENDAR YEAR	
M/K	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
\\	□scc	A Section of the sect				\$	
	☐ IND		LENDER			CALENDAR YEAR	
M/N	□ OTH		DATE \			PER ELECTION (IF REQUIRED)	
\ ''	□scc.		-			s	٠,

Enter on Summary Page, Line 17 only.

SUBTOTAL \$

Schedule	C		Amounts may be rounded						SCHEDULE
lonmone	tary Contributions Received		to whole dollars.		S	Statement covers p		CALIF	ORNIA 460
	•				from	1/21/24	·	FO	RM
EE INSTRUCTION	NS ON REVERSE				thro	ugh2/17/2	24	Page	of
IAME OF FILER		, .			·			I.D. NUME	BER
OMAR SPR	Y FORT COMPTO SCHOOL BOARD MI	EMBER							
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 SER		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
3		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
	, , ,	☐IND ☐COM ☐OTH ☐PTY ☐SCC		-					
		□IND □COM □OTH □PTY □SCC		-					
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBT	OTAL \$)			
1. Amount red	C Summary ceived this period – itemized nonmonetar Schedule C subtotals.)	y contribution	is.		\$_		_ IND	(other th	nt Committee an PTY or SCC)
3. Total nonm	ceived this period – unitemized nonmone nonetary contributions received this period 1 and 2. Enter here and on the Summan	i.					PTY	 Political F 	g., business entity) Party Intributor Committee

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

	D of Expenditures ng/Opposing Oth		Amounts may be to whole do	e rounded Ilars.	Statement covers	CALIF	CALIFORNIA 460		
	es, Measures and				from1/21/	24 FC	FORM TOO		
	ONS ON REVERSE	·			through 2/17	1 486 -	of		
OMAR SPE	RY FORT COMPTO SC	HOOL BOARD MEMBI	ER			i.D. NUM	4BER		
DATE	MEASURE NUMBER OR	OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, OMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
	* .		Monetary Contribution						
		. ,	Nonmonetary Contribution		/	. ,			
	☐ Support	Oppose	Independent Expenditure						
	,	,	Monetary Contribution		,				
			Nonmonetary Contribution Independent						
	☐ Support	☐ Oppose	Expenditure						
			☐ Monetary Contribution ☐ Nonmonetary						
		· · · · · · · · · · · · · · · · · · ·	Contribution Independent				÷ .		
-	Support	Oppose	Expenditure	, , ,		THE TIPE STAND			
			·	SUBTOTAL	\$	English Colonia Coloni			
	D Summary contributions and independent	endent expenditures ma	ade this period. (Includ	le all Schedule D subtotals.)	\$			
2. Unitemize	ed contributions and ind	ependent expenditures	made this period of ur	nder \$100		\$			
·			-	s 1 and 2. Do not enter on					

Summary Supporti	e D ation Sheet) y of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may to whole d		Statement covers period from 1/21/24 through 2/17/24		SCHEDULE D (CONT.) ALIFORNIA 460 FORM of
NAME OF FILER	<u> </u>		<u></u>			D. NUMBER
OMAR SPI	RY FORT COMPTO SCHOOL BOARD MEMBER	₹. ,				
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 CALENDAR YE (JAN. 1 - DEC. 3	AR TO DATE
		Monetary Contribution	,			
		Nonmonetary Contribution Independent		-	,	
	☐ Support ☐ Oppose	Expenditure	-			
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
		Monetary Contribution Nonmonetary Contribution		. ,		-
	Support Dppose	Independent Expenditure				-
		Monetary Contribution				
		☐ Nonmonetary Contribution ☐ Independent				
<u> </u>	☐ Support ☐ Oppose	Expenditure				
		<u>.</u>	SUBTOTAL	. \$		

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER OMAR SPRY FORT COMPTO SCHOOL BOARD MEM	Amounts may to whole d		Statement covers period from 1/21/24 through 2/17/24	Page of
CODES: If one of the following codes accurately descri 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 con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearances ses lating	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production returned contributions Campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, an staff/spouse travel, lodging,	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	,	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		,		·
	. ,			1
* Payments that are contributions or independent expenditures must also	o be summarized on Scho	edule D.	SU	BTOTAL \$
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E Summary)	dule E subtotals.)	, , , , , , , , , , , , , , , , , , , ,		\$

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

SCHEDULE E

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

		SCHEDOLE E (COM).
	Statement covers period	CALIFORNIA ACO
	from1/21/24	FORM 400
	through2/17/24	Page of
→		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

OMAR SPRY FORT COMPTO SCHOOL BOARD MEMBER

OD	ES: If one of the following codes accurately	describes the	payment,	you may er	nter the code.	Otherwise,	describe the payment.	•
MP	campaign paraphernalia/misc.	MBI	R member c	ommunications		RAD	radio airtime and production costs	
	campaign consultants	· MTC	3 meetings a	and appearance	es	RFD	returned contributions	
ТВ	contribution (explain nonmonetary)*	OF	office expe	enses		SAL	campaign workers' salaries	
	civic donations	PET	petition cir	culating		TEL	t.v. or cable airtime and production costs	
	candidate filing/ballot fees	PHO) phone bar	iks		TRC	candidate travel, lodging, and meals	
	fundraising events	POL	polling and	d survey resear	ch –	TRS	staff/spouse travel, lodging, and meals	
ND	independent expenditure supporting/opposing others (exp	plain)* POS	s postage, c	lelivery and me	ssenger services	TSF	transfer between committees of the same	e candidate/sponsor
	legal defense	PRO			al, accounting)	VOT	voter registration	
	campaign literature and mailings	PRI	print ads		, ,	WEE	information technology costs (internet, e-	-mail)
	NAME AND ADDRESS OF PAYEE			CODE	OP.	DESCRIPTION	ON OF DAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
(

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

SUBTOTAL \$

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

www.fppc.ca.gov

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cove	ers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through 2/1	17/24	Page of	
NAME OF FILER	,			į t	.D. NUMBER	
OMAR SPRY FORT COMPTO SCHOOL BOARD MEMBE	ER				,	
CODES: If one of the following codes accurately described 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 communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs butions kers' salaries time and production el, lodging, and me avel, lodging, and n en committees of th on	n costs als neals ne same candidate/sponsor	
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	(¢) AMOUNT PAII THIS PERIOD (ALSO REPORT ON	BALANCE AT CLOSE	
					-	
	1	:				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ - \$	\$ - ··`\$.	\$,	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) sul accrued expenses under S	ototals for	INCL	JRRED TOTAL	.S.\$	
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized)	edule F, Column (c) subtot	als for payments on				
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	i				

Amounts may be rounded to whole dollars.

Schedule F

	SCHEDU	LE.F (CONT.)
ΔI	IFORNIA	A	20

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

Amounts may be rounded to whole dollars.

Statement covers period from 1/21/24	california 460
through2/17/24	Page of
	I.D. NUMBER

NAME OF FILER

OMAR SPRY FORT COMPTO SCHOOL BOARD MEMBER

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 contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET

candidate filing/ballot fees phone banks candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals TRS

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor professional services (legal, accounting) VOT voter registration LEG legal defense

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

^{*} 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	OUTSTANDING AMOUNT INCURRED BALANCE BEGINNING THIS PERIOD		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD			
				-				
		- · .						
SUBTOTALS \$ \$ \$								

Schedule G SCHEDULE G Statement covers period Payments Made by an Agent or Independent **CALIFORNIA** Amounts may be rounded 1/21/24 to whole dollars. **FORM Contractor (on Behalf of This Committee)** from 2/17/24 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER OMAR SPRY FORT COMPTO SCHOOL BOARD MEMBER 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. campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries petition circulating t.v. or cable airtime and production costs CVC civic donations candidate filing/ballot fees phone banks candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND legal defense professional services (legal, accounting) VOT voter registration.

PRT

print ads

campaign literature and mailings

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
		· · · · · · · · · · · · · · · · · · ·

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

information technology costs (internet, e-mail)

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

^{*} 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			mounts may be rounded Statement covers period to whole dollars.			CALIFORNIA 460		
oans Made to Others*		to wito	ie dollais.	·	from1/2	1/24	FORM TOO	
t	•			·	. 2	17/24	,	
EE INSTRUCTIONS ON REVERSE					through		Page	of
AME OF FILER			-				I.D. NUMBER	٠.
OMAR SPRY FORT COMPTO SCHOOL	BOARD MEMBER							
FULL NAME, STREET ADDRESS AND ZIP CODE	IF ÁN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c) REPAYMENT C	(d) OUTSTANDING	(e) INTEREST	(f) ORIGINAL	(g) CUMULATIVE
OF RECIPIENT (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	LOANED THIS PERIOD	FORGIVENES	S BALANCE AT	RECEIVED	AMOUNT OF	LOANS
	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD		LOAN	TO DATE
				□ PAID				CALENDAR YEAR
				\$	\$	% RATE	\$	\$ <u></u>
~				FORGIVEN		MIE		PER ELECTION**
		s	\$	\$	DATE OUE	\$		\$
	`				DATE DUE		DATE INCURRED	
•				PAID				CALENDAR YEAR
					s		s	, s
			-	FORGIVEN		RATE		PER ELECTION**
		•	,					
•		,	*	\$	DATE DUE		DATE INCURRED,	,
*Loans that are contributions to another candidate	or committee must	<u> </u>						
also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	s		
eported on Schedule E.		- COBTOTALO	· · · - · -			(Enter (e) on		and the distance of the second
• .						Schedule I, Line 3)		
Schedule H Summary	,							
Loans made this period			`	~	e			
(Total Column (b) plus unitemized loan	s of less than \$100.)	·			Ψ		· [**If Required
2. Payments received on loans					·\$			
(Total Column (c) plus uniternized payr	nents of less than \$100.)	-		. :				
3. Net change this period. (Subtract Line 2	2 from Line 1.)				NET \$,	_	
(Enter the net here and on the Summa	ry Page, Column A, Line 7.))				y be a negative number)		

Schedule I Miscellaneous Increases to Cash		Amounts may be to whole doll	rounded ars.	CALIFORNIA 160		
41190GIJALIE	ous micrease	s to casii			Statement covers period from1/21/24	CALIFORNIA 460
				· .	through2/17/24	Page of
SEE INSTRUCTIONS NAME OF FILER	S ON REVERSE					I.D. NUMBER
OMAR SPRY	FORT COMPTO	SCHOOL BOARD MEMBER				
DATE RECEIVED		FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
21 2						
	,			,	:	
	,			,		,
-						
Attach additi	ional information on	appropriately labeled continuation sheets			SUBTOTAL	.\$
 Uniternized Total of all in Total miscel 	creases to cash the increases to cash interest received the laneous increases	is period. of under \$100 this period nis period on loans made to others. (S s to cash this period. (Add Lines 1, 2,	chedule H, Column and 3. Enter here a	(e).)nd on the	\$\$	-
Summary P	age, ∟ine 14.)				· .	FPPC Form 460 (Jan/2016) ce@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov