

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA
FORM **460**

Page 1 of 1

For Official Use Only

Date Stamp

Filed

FEB 25 2025

Tuolumne County Clerk

Deputy

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/25/2025
through 2/24/2025

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

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 5)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
- (Also file a Form 410 Termination)

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Protect Tuolumne County

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Sonora CA 95370

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

info@protecttc.org

Treasurer(s)

NAME OF TREASURER

Stephanie McCaffrey

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Iwain Harte CA 95383

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 2/24/2025
Date

Executed on 2/24/2025
Date

Executed on _____
Date

Executed on _____
Date

By _____
Assistant Treasurer

By _____
Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
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

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/25/2025</u> through <u>2/24/2025</u>	CALIFORNIA FORM 460 Page <u>1</u> of <u>1</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Leonard Otley

I.D. NUMBER

1469426

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

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	\$	_____	\$	_____

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

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

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	\$	<u>1510</u>
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	\$	<u>1510</u>

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

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