D.	ecipient Committee	1004			COVER PAGE
C	ecipient Committee ampaign Statement OFIGINA over Page	LOCAL	Date Stamp		FORM 460
	Statement covers period	Date of election if applicable:		Page	1 of 1
	OCT 2 8 2024 Statement covers period U8/30/2024	(Month, Day, Year)			For Official Use Only
	Cropm discounting			- 1	
SE	E INSTRUCTIONS ON REVERSE through 10/24/2024	11/05/2024		140	09426
1.	Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) ✓ General Purpose Committee Sponsored ✓ Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) ✓ Primarily Formed Ballot Measure Committee Committee Committee Committee Committee Committee Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below))	Quarterly Sta Special Odd-	stement Year Report
3.	Committee Information I.D. NUMBER	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NAME OF TREASURER			
	Protect Tuolumne County	Stephanie McCattrey	and the second		
		MAILING ADDRESS			
	AND HER LANGUAGE WAR DAVID				
	STREET ADDRESS (NO P.O. BOX)	I wain Harte	STATE	ZIP CODE 95383	AREA CODE/PHONE
9	CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		90000	
	Sonora CA 953/U	TAME OF ASSISTANT THEASURED, IT ANY			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	MAILING ADDRESS			
	CITY STATE ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL ADDRESS			
	Into@protecttc.org	OF HOME. THAT E-MINERADITES			
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 an	d in the attac	ched schedules i	is true and complete. I
	certify under penalty of perjujy under the laws of the State of California that the foreg				
	Executed on 10/24/2024 By-				
	10/2 Ct/702/L				
	Executed on				
	Executed on 10/24 (2024 By:				
	Executed on By	Signature of Controlling Officeholder, Candidate, State Measur	e Proponent		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SUMMARY PAGE					
Statement covers period from U8/3U/2U24	california 460					
10/24/2024	Page of					
	I.D. NUMBER					

NAME OF FILER Leonard Otley			1.D. NUMBER 1469426
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 22,484 5,305 27,789 \$ 27,789	### COlumn B	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	\$ \\ \begin{align*} \pm 19,34/ \\ \pm \\ \end{align*} \begin{align*} \pm 19,34/ \\ \pm \\ \end{align*} \begin{align*} \pm 19,34/ \\ \pm \end{align*}	\$ 19,34 <i>l</i> \$ 19,34 <i>l</i> \$ 1 9,34 <i>l</i>	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	\$ U 22,484	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$	any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	california 460		
SEE INSTRUCTION	ONS ON REVERSE			through 10/24/2	U24	Page	1 of 2
NAME OF FILER Leonard Otl	ey	-	-		er vinter av Luckska kom i neu voluge provinci ve ve vinter dage en v	1.D. NU 14694	JMBER 126
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 T CALENDAR ((JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
8/30/2024	Tuolumne County Lodging Association 189 Barretta St Sonora CA 95370	□IND □COM ØOTH □PTY □SCC		50	50		
9/23/2024	Evergreen Lodge 33160 Evergreen Road Groveland, CA 95321	☐IND ☐COM ØOTH ☐PTY ☐SCC		467	467		
9/23/2024	Rush Creek Lodge 34001 CA 120 Groveland, CA 95321	□IND □COM ☑OTH □PTY □SCC		467	467		
10/18/2024	Cal Fire Local 2881 Small Contributor PAC ID# 79318 555 Capitol Mall, Suite 400 Sacramento, CA 95814	□IND □COM □OTH □PTY □SCC		15000	15000		
10/18/2024	Tuolumne County Deputy Sheriffs Association TUOCOUNTY D S A PO Box 5233 Sonora, CA 95370-2233	☐IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		5000	5000		
			SUBTOTAL	\$			
Schedule /	A Summary					ntributor (
Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)				2,484			ual vient Committee r than PTY or SCC)
	ceived this period – unitemized monetary contribut		0		PTY	l – Other ' – Politic	(e.g., business entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	column A, Line 1	.)TOTAL \$ 2	2,484	Commen	FPF	PC Form 460 (Jan/2016)

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole o	through 10/24/2024			CALIFORNIA 460 Page 2 of 2		
NAME OF FILER Leonard Otl	еу				1.D. NU 14694			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	TRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOY (IF SELF-EMPLOYED, ENTER NAM		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)	
10/22/2024	Reelect Jaron Brandon District 5 Supervisor PO Box 3860 Sonora CA 95370	☐IND COM ☐OTH ☐PTY ☐SCC		1500	1500			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 1500				

*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

(May be a negative number) *Amounts forgiven or paid by another party also must be reported on Schedule A.

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

** If required.

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(other than PTY or SCC)

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

SCC - Small Contributor Committee

PTY - Political Party

Schedule C			Amounts may be rounded						SCHEDULE	
Nonmonetary Contributions Received			to whole dollars.	Statement covers period from 8/30/2024			period	california 460		
	TIONS ON REVERSE				thro	ough10/24/2024	-	Page	of	
NAME OF FILER Leonard Otley								1.D. NUME 146942	BER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
9/23/24	Rush Creek Lodge 34001 CA 120 Groveland, CA 95321	□IND □COM ☑OTH □PTY □SCC		Website		512	512			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				1				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
Attach add	ditional information on appropriately labeled	l continuation	sheets.	SUBTO	OTAL S	\$ 512				
1. Amount (Include 2. Amount 3. Total no	received this period – itemized nonmoneta all Schedule C subtotals.)received this period – unitemized nonmonetary contributions received this period	etary contribut	ions of less than \$100		\$ _	512 512	OTH	(other th I – Other (e. ' – Political I	nt Committee an PTY or SCC) g., business entity)	
(Add LII	nes 1 and 2. Enter here and on the Summa	y rage, Colu	IIII A, LIIIes 4 aliu 10.)	101/	4F 4 "					

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may b to whole do			from _	tement covers period 8/30/2024 gh	Page	
Leonard Otley						14694	126
CODES: If one of the following codes accurately describes the payment, y CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CNS campaign paraphernalia/misc. MBR member con meetings and office expension office expension petition circulates profice expensions independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings PRT print ads			arch nessenger services	RAD ra RFD ra SAL c TEL t. TRC c TRS s TSF tr	escribe the payment. adio airtime and production eturned contributions ampaign workers' salaries v, or cable airtime and production andidate travel, lodging, an taff/spouse travel, lodging, ransfer between committee oter registration nformation technology costs	luction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION	OF PAYMENT		AMOUNT PAID
Deluxe Business Service		OFC	Bank Checks				46
Jazzed About Printing 12929 Hollow Dr Sonora, CA 95370 US		LIT	Mailers				10,683
T&C Signs 16048 Via Este Rd Sonora, CA 95370		LIT	Signs				4524
* Payments that are contributions or independent expenditures mus	at also be summarized on Sche	edule D,			SL	JBTOTAL :	15235
Schedule E Summary 1. Itemized payments made this period. (Include all So	chedule E subtotals.)			*************		\$	19348

2. Unitemized payments made this period of under \$100......\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

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www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.				atement covers period 8/3U/2U24	SCHEDULE E (CONT CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					gh 10/24/2024	Page	2 of
NAME OF FILER Leoanrd Otley			-			1.D. NUM 146942	
CODES: If one of the following codes accurately composition paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explained by the company of the com	MBR member com MTG meetings and OFC office expens PET petition circula PHO phone banks POL polling and su	munications appearances es ating urvey research very and mess	n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airlime and production returned contributions campaign workers' salaries t.v. or cable airlime and proc candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	luction costs d meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DES	CRIPTIO	N OF PAYMENT		AMOUNT PAID
Sonora Lumber 730 S Washington St Sonora, CA 95370		LIT	Sign Posts	×			692
Lowes 120 Old Wards Ferry Rd Sonora, CA 95370		LIT	Zip Ties				90
Point Blank Political PO Box 26, Umatilla, FL 32784	\ \(\epsilon\)	POS	Text Messages				3313

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