

Statement of C Recipient Com	_			Date Stamp	CALIFORNIA 410
Statement Type	☐ Initial O Not yet qualified		☐ Termination – See Part 5	ECENED AND EUR	or Office Use Only
	or O Date qualification threshold met	Date qualification threshold met	Date of termination	OCT 1 7 2024	NOV 1 5 2024
	/	10 / 11 / 2024	//		Tuolumne County Cler
1. Committee I	nformation I.D. Numbe	r 1469426		Other Principal Officers	Deputy
Protect Tuolur	mne County		Stephanie McCaffrey	4	
			STREET ADDRESS (NO P.O. BOX	Twain Harte	e CA 95383
STREET ADDRESS (NO P.O), BOX)		EMAIL ADDRESS OF TREASURE innkeeper@mccaffre		AREA CODE/PHONE
CITY	STATE CA	zip code AREA CODE/PHONE 95370			
FULL MAILING ADDRESS		95576	STREET ADDRESS (NO P.O. BOX	() CITY	STATE ZIP CODE
	AMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTAN	T TREASURER (REQUIRED)	AREA CODE/PHONE
info@protecttc.or	rg		NAME OF PRINCIPAL OFFICER	S)	
COUNTY OF DOMICILE Tuolumne	JURISDICTION WHERE Tuolumne Coul		Leonard Otley		
Tuolumne	Tudianne Cour	ny .	STREET ADDRESS (NO P.O. BO)	Sonora	CA 95370
Attach additional ii	nformation on appropriately lab	eled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	L OFFICER(S) (REQUIRED)	AREA CODE/PHONE
3. Verification					
		is statement and to the best	of my knowledge the informati	on contained herein is true and o	complete. I certify under
penalty of perjury	under the laws of the S		ct.		
Executed on	14-130 24 By		DR ASSISTANT TREASURE	R	
Executed on 1/2/	14/2024 By		CANDIDATE, OR STATE M	EACHDE BROBONENT	
Executed on	13/2024 By				_
Formation de la constant de la const	DATE		CANDIDATE, OR STATE M	EASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONTRO	OLLING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT	FPPC Form 410 (October/2023)

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

Statement of Organization Recipient Committee				CALIFORNIA FORM	410
NSTRUCTIONS ON REVERSE				Page 2	
COMMITTEE NAME Protect Tuolumne County	alandari producti de side e en la condição por la glave e processo de la glava de la rescuencia de la glava de la	und place with any margan characteristic and any experience of the sum which of the first and account to the state of the sum of the	athickens are to desire a death of glanders accept the entertion of the en	I.D. NUMBER 1469426	
All committees must list the financial institution where the campaign bank as	ccount is located and t	the person(s) authorized	to obtain ba	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS US Bank Stephanie McCaffrey, Leonard Otley	том в се и постоя на	AREA CODE/PHONE 203-586-3277	1	UNT NUMBER 0530880	
ADDRESS OF FINANCIAL INSTITUTION 22953 Twain Harte Drive	CITY Twạin H	larte	STATE CA	ZIP CODE 95383	and the second s
4. Type of Committee Complete the applicable sections.				and the grade the state of the	
Controlled Committee					
14					

- 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.

(1	ELECTIVE OFFICE SOUGHT OR HELD NCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE			
			Nonpartisan	Partisan	(list political par	ty below)
			Nonartican	Partican	/list political par	tv below)
			1401/pg: cl3ess	T CI LISCII	first boursear bar	
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ppose spec	ific candidates or measures in a single el	ection. List	below:			
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		(INCLUDE DISTRICT NUMBER IF APPLICABLE) ppose specific candidates or measures in a single elector. CANDIDATE(S) OFFICE SOUGHT OR H	(INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION EXPROSE SPECIFIC CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES EXERCISES CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES	(INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK Nonpartisan Nonpartisan ppose specific candidates or measures in a single election. List below:	(INCLUDE DISTRICT NUMBER IF APPLICABLE) CHECK ONE Nonpartisan Nonpartisan Partisan Partisa	(INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK ONE Nonpartisan Partisan (list political partical partisan) Nonpartisan Partisan (list political partical partisan) Partisan Partisan (list political partical partisan)

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA 410

Page 3

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4. Type of Committee	(Continued)			UNITED AND AND AND AND AND AND AND AND AND AN		
General Purpose Committe	Not formed to support or op	pose specific candidates o		gle election. Check		
PROVIDE BRIEF DESCRIPTION OF ACTIV	VITY	akan rakan sehinta sebirah sesai keperdan seberahan seberahan probabilik menangkan sebilah berahan sebilah berahan	a de restación de technología de restación de la filia de la comencia del la comencia de la comencia del la comencia de la comencia del la comencia de la comencia del la c	okat alumaka majaya majaya kata kata kata kata kata kata kata k	estrophiconolecticologic schooling (PANISATAR Associates Debugges	und deutselne werden Arte (Antier Arte (Antier Arte Antier
Advocate for Tax Measure	9					
Sponsored Committee	List additional sponsors on an attac	hment.			ateur bergen treensprendigen dann dann gille en at der der der der eine eine eine eine eine eine eine ei	
NAME OF SPONSOR	en der	INDUSTRY G	ROUP OR AFFILIATION OF	SPONSOR	AND CLUSIONER (AND CLUS AND CL	опостоя потого в подости до подости на подости
STREET ADDRESS NO, AI	ND STREET	CITY	oogega ta ta ta bahamin ta asuu sasuutan ka keele (pilipiinka) mit ta ka ka keele keesta ka keesta ka keesta k	STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committe			neckalarindesservice mensid andareus siyren yilinedas virançının kristinçinin kristinçinin kristinçinin kristi	unggina kan nu umangkun dap sakhara yan kinnaba dana kan ta nuwa sakana	основной половой четно выше премя, предлагальной половаться за городного полования за городного полования поло	е оторы по подочения по дубото неконостичения от оторы от оторы по подать от оторы от от от от от от от от от
	Date qualified					
5. Termination Require	ments By signing the verification	n, the treasurer, assistant treasu	urer and/or candidate, c	officeholder, or ponent co	ertify that all of the fo	flowing 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.