Recipient Committee				COVER PAGE
Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page			Filed	FORM TOO
_	Otatament assess seeded	Data of alcotton is a will askin.	8 848	Page of
	Statement covers period US/3U/2U24	Date of election if applicable: (Month, Day, Year)	DEC 3 0 2024	For Official Use Only
	from		DEC 3 0 2024	
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2024</u>	11/05/2024 ———————————————————————————————————	Tholyande County Cler	rk Lau
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	Deputy	
State Candidate Election Committee Recall (Also Complete Part 6) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored Complete Part 6) rimarily Formed Candidate/ ifficeholder Committee So Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report
3. Committee Information	. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Protect Tuolumne County		Stephanie McCattrey		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE Z	ZIP CODE AREA CODE/PHONE
		I wain Harte	CA	95383
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
SONOra CA 9537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		V/III./2-124-1		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	•	MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE 2	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS	
into@protecttc.org				
4. Verification				
I have used all reasonable diligence in preparing and reviewin		knowledge the information contained	herein and in the attache	d schedules is true and complete. I
certify under penalty of perjury under the laws of the State of (California that the foregoin			
Executed on	Ву		asurer	
Executed on 12/20/2024	Ву		nent or Responsible Officer of	Sponsor
Executed on	Ву	Ignature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	Ву	ignature 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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Leonard Otley			I.D. NUMBER 1469426
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) \$ 23,184 \$ 23,184	## 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	\$ \$21674 \$ 21674 \$ 21674	\$ 21674 \$ 21674 \$ 21674	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	23,184 21674 1510	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.
Add Line 2 + Line 9 in Column B above			FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary			ts may be rounded whole dollars.	Statement co	Statement covers period CALIF		
				from 8/30/2024			FORNIA 460
SEE INSTRUCTION	ONS ON REVERSE			through 12/31/20)24	Page	1 of 2
NAME OF FILER Leonard Ot						I.D. NU 14694	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE 1 CALENDAR (JAN. 1 - DE	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 Ø OTH ☐ PTY ☐ SCC		467	467		
9/23/2024	Rush Creek Lodge 34001 CA 120 Groveland, CA 95321	□IND □COM ØOTH □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 S				
1. Amount re	A Summary ceived this period – itemized monetary contributions I Schedule A subtotals.)		\$ <u>23</u>	184	IND		
	ceived this period – unitemized monetary contributions received this period.	ons of less than	\$100\$ <u>0</u>		PTY	l – Öther (~ Politica	e.g., business entity)
	s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$ ²³	184		FPPC	Form 460 (lan/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.)

CALIFORNIA 4 CO

Statement covers period

				from 8/3U/2U24		FO	46U
				through <u>12/31/20</u>	24	Page _2	of
NAME OF FILER Leonard Otl	еу					1.D. NUM 146942	BER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	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)
10/22/2024	Reelect Jaron Brandon District 5 Supervisor PO Box 3860 Sonora CA 95370	□IND ICOM □OTH □PTY □SCC		1500	1500		
11/08/2024	David Vasquez Sonora, CA 95370	ZIND COM OTH PTY SCC		700	700		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL \$	2200			

*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

Schedule B – Part 1	Am	ounts may be ro	ınded				SCHEDULE B - PART 1			
		Statement cov	ers period	CALIFORNIA ACO						
Loans Received					from 8/30/2024		CALIFORNIA 460			
							- Ortin			
SEE INSTRUCTIONS ON REVERSE					through 12/31/20	024	Page 1	of		
NAME OF FILER							I.D. NUMBER			
Leonard Otley							1469426			
							1100120			
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)	(8) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(6) AMOUNT PA OR FORGIVE THIS PERIO	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE		
Stephanie McCaffrey	Self Employed			PAID				CALENDAR YEAR		
I waln Harte CA 95383	McCaffrey House B&B			s_4524	_ s <u>U</u>	<u>U</u>	\$	s		
I Wall Haite CA 95565				FORGIVEN		RATE		PERELECTION		
		0	4524	_		ا ا		PERELECTION		
TEND COM OTH PTY SCC			\$	\$	DATE DUE	\$	DATE INCURRED	\$		
Jaron Brandon	County Supervisor			PAID				CALENDAR YEAR		
	County Supervisor			. 782	_ s_ <u>U</u>	U "	١.			
Columbia CA 95310		1			1	RATE	,	\$		
		0	782	FORGIVEN		l ,,		PERELECTION**		
DIND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$_ U		\$		
BEIND COM COH CIPIT CSCC	1			☐ PAID	DATE DUE		DATE INCURRED			
				_				CALENDAR YEAR		
				\$	- \$	RATE	\$	\$		
				FORGIVEN		MIL		PERELECTION**		
		s	s	\$	_	s				
OIND COM OTH PTY SCC					DATE DUE		DATE INCURRED			
	S	UBTOTALS \$	5306	5306	\$ 0	\$ 0				
Schedule B Summary						(Enter (e) on Schad	ile E, Line 3)			
_				. 5	306					
 Loans received this period	o of loss than \$400 \	•••••••••		\$						
Loans paid or forgiven this period	s of less than \$100.)			_e 5	306	(†c	Contributor Codes			
(Total Column (c) plus loans under \$10	0 paid or forgiven.)	***************************************	•••••••••••	······································			D – Individual			
(Include loans paid by a third party that	t are also itemized on Sche	dule A.)		•		l c	OM – Recipient Co other than f			
Net change this period. (Subtract Line	e 2 from Line 1.)		••••••••	NET \$		l o	TH - Other (e.g., t	ousiness entity)		
Enter the net here and on the Summar	y Page, Column A, Line 2.					l b.	Y - Political Part	y		
						S	CC - Small Contri	butor Committee		
					(May be a negative number)	_				

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

** If required.

Schedu	le C		Amounts may be rounded						SCHEDULE
Nonmo	netary Contributions Received		to whole dollars.	fron	Statement covers ; 8/30/2024	california 460			
SEE INSTRUC	TIONS ON REVERSE				thro	ugh 12/31/2024		Page	of
Leonard C								1.D. NUME 146942	
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	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/24	Rush Creek Lodge 34001 CA 120 Groveland, CA 95321	□IND □COM ØOTH □PTY □SCC		Website		512	512		
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
	litional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	512			
1. Amount (Include 2. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone	tary contribut	***************************************		\$ _	512	- IND COI OTH	other th I – Other (e. I – Political I	nt Committee an PTY or SCC) g., business entity)
	nmonetary contributions received this period es 1 and 2. Enter here and on the Summar		mn A , Lines 4 and 10.)	тот.	AL \$_	512			

Schedule E Payments Made	to whole dollars					CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Leonard Otley				through <u>12/31/2024</u>	Page	MBER		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, dell PRO professional PRT print ads	munications I appearances es ating urvey researci very and mese	n Senger services	RAD radio airlime and production returned contributions campaign workers' salaries t.v. or cable airlime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration WEB information technology costs	duction costs and meals and meals s of the sam	ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR DESC	CRIPTION 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 must also b	e summarized on Sche	dule D.		SL	JBTOTAL :	\$ 15253		
Schedule E Summary 1. Itemized payments made this period. (Include all Schedul	e E subtotals.)				s_ ²	21674		
2. Unitermized payments made this period of under \$100								
3. Total interest paid this period on loans. (Enter amount from		-			\$_			

(Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	mounts may be to whole do			Statement covers period 8/30/2024 from through	CALIFO FOR	2 of 2
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings MTC OFC OFC OFC OFC OFC OFC OFC O	member com meetings and office expens petition circul phone banks polling and su postage, deliv professional se	munications l appearance es ating urvey researd very and me	s	rwise, describe the payment RAD RFD RFD RFD RETURN RFD RFD RETURN RFD	n costs duction costs nd meals , and meals es of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Sonora Lumber 730 S Washington St Sonora, CA 95370		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Lowes 120 Old Wards Ferry Rd Sonora, CA 95370		LIT	Zip Ties			90
Point Blank Political PO Box 26, Umatilla, FL 32784		POS	Text Messages			5300
Leonard Otley		TRS	Emberz election n	ight meeting		280
Amazon		OFC	Printer Ink			60

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