Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2024
through 01/20/2024

Date of election if applicable: (Month, Day, Year)
03/05/2024

Date Stamp
E-Filed
02/20/2024
13:09:48
Filing ID:
210603578

CALIFORNIA FORM 460

Page 1 of 10

For Official Use Only

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 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- ☒ Preelection Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☒ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

Republican Central Committee transaction recorded incorrectly.

3. Committee Information

I.D. NUMBER: 1381874

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

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Upland	CA	91784	(951)315-9224

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
xsdunnx@gmail.com

Treasurer(s)

NAME OF TREASURER
Stephen Dunn

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Upland	CA	91784	(951)315-9224

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
xsdunnx@gmail.com

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 02/20/2024 (Date) By Stephen Dunn (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

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Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 01/20/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Protect Our County PAC

I.D. NUMBER

1381874

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 29,750.00	$ 29,750.00
2. Loans Received	*Schedule B, Line 3*	0.00	21,500.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 29,750.00	$ 51,250.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 29,750.00	$ 51,250.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 14,000.00	$ 14,000.00
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 14,000.00	$ 14,000.00
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	2,750.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 14,000.00	$ 16,750.00

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 14,098.05
13. Cash Receipts	*Column A, Line 3 above*	29,750.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	14,000.00
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 29,848.05

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 24,250.00

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).

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	$	$

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
_____/_____/_____	$
_____/_____/_____	$

*Amounts in this section may be different from amounts reported in Column B.

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Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2024
through 01/20/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Protect Our County PAC

I.D. NUMBER

1381874

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/10/2024	IE Citizens for Government LLC Ontario, CA 91764	☐IND ☐COM ☒OTH ☐PTY ☐SCC		29,750.00	29,750.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	29,750.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ..... $ 29,750.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 29,750.00

*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
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 01/20/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Protect Our County PAC

I.D. NUMBER
1381874

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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Inland Development Strategies, LLC Victorville, CA 92392-7665 †☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$ 500.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 500.00 01/01/2023 DATE DUE	0.00 % RATE $ 0.00	$ 7,000.00 10/14/2022 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $
Inland Development Strategies, LLC Victorville, CA 92392-7665 †☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$ 13,500.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 13,500.00 01/01/2023 DATE DUE	0.00 % RATE $ 0.00	$ 13,500.00 10/25/2022 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $
Tri-Land Inc Victorville, CA 92392-7665 †☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$ 7,500.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 7,500.00 01/01/2025 DATE DUE	0 % RATE $ 0.00	$ 7,500.00 09/29/2023 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $
	SUBTOTALS	$ 0.00	$ 0.00	$ 0.00	$ 21,500.00	$ 0.00 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET $** 0.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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

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

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SCHEDULE D

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 01/20/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Protect Our County PAC

I.D. NUMBER

1381874

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/12/2024	Peter Garcia City Council Member City of Fontana District: 3 [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure		2,000.00	2,000.00	
01/12/2024	Kim Knaus City Council Member City of San Bernardino District: 5 [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure		500.00	500.00	
01/10/2024	Wendy Gish Republic Central Committee County of San Bernardino District: 2 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Slate mailer	1,642.86	1,642.86	
			SUBTOTAL $	4,142.86		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 14,000.00

2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL $** 14,000.00

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 01/20/2024

CALIFORNIA FORM 460

NAME OF FILER
Protect Our County PAC

I.D. NUMBER
1381874

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/10/2024	Danielle Holley Republican Central Committee County of San Bernardino District: 2 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Slate mailer	1,642.86	1,642.86	
01/10/2024	Phillip Cothran Jr. Republican Central Committee County of San Bernardino District: 2 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Slate mailer	1,642.86	1,642.86	
01/10/2024	Phillip Cothran Republican Central Commitee County of San Bernardino District: 2 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Slate mailer	1,642.86	1,642.86	
01/10/2024	Amanda Morales Republican Central Committee County of San Bernardino District: 2 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Slate mailer	1,642.86	1,642.86	
			SUBTOTAL $	6,571.44		

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 01/20/2024

CALIFORNIA FORM 460

NAME OF FILER
Protect Our County PAC

I.D. NUMBER
1381874

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/10/2024	Joseph Edward Montalvo Republican Central Committee County of San Bernardino District: 2 ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate mailer	1,642.85	1,642.85	
01/10/2024	Ross Sevy Republican Central Committee County of San Bernardino District: 2 ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	Slate mailer	1,642.85	1,642.85	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $	3,285.70		

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 01/20/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Protect Our County PAC

I.D. NUMBER: 1381874

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
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Continuing the Republican Revolution, ID# 598041 San Juan Capistrano, CA 92675	LIT	Slate mailers	11,500.00
Kim Knaus for City Council 2024 (ID# 1462137) San Bernardino, CA 92407	CTB		500.00
Peter Garcia for City Council 2024 (ID# 1428856) Upland, CA 91784	CTB		2,000.00

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

SUBTOTAL $ 14,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 14,000.00
2. Unitemized payments made this period of under $100 ..... $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 14,000.00

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Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 01/20/2024

CALIFORNIA FORM 460

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1381874

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
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Tony Strickland Consulting Huntington Beach, CA 92648	PRO	2,750.00	0.00	0.00	2,750.00
*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**	**SUBTOTALS $**	2,750.00	**$** 0.00	**$** 0.00	**$** 2,750.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 0.00
   May be a negative number