Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2024
through 12/31/2024

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

Date Stamp
E-Filed
02/07/2025
14:37:24
Filing ID:
213137874

CALIFORNIA FORM 460

Page 1 of 12

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)*
- ☐ Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored
  - *(Also Complete Part 6)*
- ☒ General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- ☐ 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

3. Committee Information

I.D. NUMBER: 1433463

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
San Bernardino County Business Owners PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fontana	CA	92336	(909)519-7374

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
Ali@gataxcpa.com

Treasurer(s)

NAME OF TREASURER
Mansoor Ali

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fontana	CA	92336	(714)504-5847

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
ali@gataxcpa.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 02/07/2025 (Date) By Mansoor Ali (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

CALIFORNIA FORM 460

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 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Business Owners PAC

I.D. NUMBER

1433463

Contributions Received

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

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 45,105.24	$ 45,705.24
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 45,105.24	$ 45,705.24
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 45,105.24	$ 45,705.24

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 5,469.81
13. Cash Receipts	*Column A, Line 3 above*	51,500.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	45,105.24
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 11,864.57

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*	$ 0.00

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Business Owners PAC

I.D. NUMBER

1433463

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)
08/21/2024	Phil Cothran Fontana, CA 92335	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		20,000.00	20,000.00	G2024 $20,000.00
09/25/2024	San Bernardino County Professional Firefighters Fontana, CA 92334	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		10,000.00	10,000.00	G2024 $10,000.00
09/25/2024	Southwest Protective Services Inc. El Centro, CA 92244	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		10,000.00	10,000.00	G2024 $10,000.00
10/21/2024	Daniel Kim Totowa, NJ 07512	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	NA NA	5,000.00	5,000.00	
10/21/2024	MINA KIM IRVINE, CA 92618	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	TBD TBD	5,000.00	5,000.00	
			SUBTOTAL $	50,000.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ..... $ 51,500.00
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 $** 51,500.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
San Bernardino County Business Owners PAC

I.D. NUMBER
1433463

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)
11/26/2024	Southern California Edison Rosemead, CA 91770	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,500.00	1,500.00	G2024 $1,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	1,500.00		

*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

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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 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Bernardino County Business Owners PAC

I.D. NUMBER
1433463

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)
08/20/2024	Andy Carrizales City Council Member City of Rialto [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure	ANDY CARRIZALES FOR RIALTO CITY COUNCIL 2024	2,000.00	4,000.00	G2024 $4,000.00
08/23/2024	Joe Armendarez City Council Member City of Fontana District: 3 [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure		5,500.00	7,497.00	G2024 $7,497.00
09/28/2024	Andy Carrizales City Council Member City of Rialto [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure	ANDY CARRIZALES FOR RIALTO CITY COUNCIL 2024	2,000.00	4,000.00	G2024 $4,000.00
			SUBTOTAL $	9,500.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 36,497.00

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 $** 36,497.00

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 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
San Bernardino County Business Owners PAC

I.D. NUMBER
1433463

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)
10/18/2024	GUILLERMO SILVA JURUPA VALLEY [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure	GUILLERMO SILVA FOR CITY COUNCIL 2024	2,000.00	2,000.00	G2024 $2,000.00
10/19/2024	LESLIE ALTAMIRANO City Council Member CITY COUNCIL City of JURUPA VALLEY [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure	LESLIE ALTAMIRANO FOR CITY COUNCIL, 2024	2,000.00	2,000.00	G2024 $2,000.00
10/02/2024	TENICE JOHNSON City Council Member CITY COUNCIL 2024 City of MONTCLAIR [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure	TENICE JOHNSON FOR MONTCLAIR CITY COUNCIL 2024	2,000.00	2,000.00	G2024 $2,000.00
10/03/2024	KIM KNAUS City Council Member CITY COUNCIL City of SAN BERNARDINO [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure	KIM KNAUS FOR CITY COUNCIL 2024	2,000.00	2,000.00	G2024 $2,000.00
			SUBTOTAL $	8,000.00		

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 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
San Bernardino County Business Owners PAC

I.D. NUMBER
1433463

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)
09/26/2024	RAFEAL TRUJILLO RIALTO [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure	RAFAEL TRUJILLO, RAILTO MAYOR 2024	2,000.00	2,000.00	G2024 $2,000.00
10/30/2024	Californians for Better Leaders [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure		10,000.00	10,000.00	
10/22/2024	LYNNE KENNEDY City Council Member CITY COUNCIL City of RANCHO CUCAMONGA [X] Support [ ] Oppose	[X] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure	Lynne Kennedy for City Council	2,000.00	2,000.00	G2024 $2,000.00
09/04/2024	Joe Armendarez City Council Member City of Fontana District: 3 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Mailer	1,997.00	7,497.00	G2024 $7,497.00
			SUBTOTAL $	15,997.00		

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 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
San Bernardino County Business Owners PAC

I.D. NUMBER
1433463

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)
09/04/2024	Daniella Holley Fontana [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Mailer	1,500.00	1,500.00	G2024 $1,500.00
09/04/2024	Angel Ramirez Fontana, CA [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	Mailer	1,500.00	1,500.00	G2024 $1,500.00
	[ ] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure				
	[ ] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure				
			SUBTOTAL $	3,000.00		

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: San Bernardino County Business Owners PAC

I.D. NUMBER: 1433463

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
Andy Carrizales for Rialto City Council 2024 (ID# 1442461) Rialto, CA 92376	CTB	ANDY CARRIZALES FOR RIALTO CITY COUNCIL 2024	2,000.00
Joe Armendarez for City Council 2024 (ID# 1472598) Fontana, CA 92336	CTB		5,500.00
RAFAEL TRUJILLO, RAILTO MAYOR 2024 (ID# 1465613) RIALTO, CA 92377	CTB	RAFAEL TRUJILLO, RAILTO MAYOR 2024	2,000.00

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

SUBTOTAL $ 9,500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 45,105.24
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 $** 45,105.24

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460

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NAME OF FILER

San Bernardino County Business Owners PAC

I.D. NUMBER

1433463

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
Andy Carrizales for Rialto City Council 2024 (ID# 1442461) Rialto, CA 92376	CTB	ANDY CARRIZALES FOR RIALTO CITY COUNCIL 2024	2,000.00
TENICE JOHNSON FOR MONTCLAIR CITY COUNCIL 2024 (ID# 1427000) MONTCLAIR, CA 91763	CTB	TENICE JOHNSON FOR MONTCLAIR CITY COUNCIL 2024	2,000.00
KIM KNAUS FOR CITY COUNCIL 2024 (ID# 1462137) GRANT TE, CA 92313	CTB	KIM KNAUS FOR CITY COUNCIL 2024	2,000.00
GUILLERMO SILVA FOR CITY COUNCIL 2024 (ID# 1458640) JURUPA VALLEY, CA 91752	CTB	GUILLERMO SILVA FOR CITY COUNCIL 2024	2,000.00
Landslide Communications, Inc. Laguna Niguel, CA 92677	IND	MAILER	4,997.00

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

SUBTOTAL $ 12,997.00

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2024
through 12/31/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Business Owners PAC

I.D. NUMBER

1433463

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
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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
LESLIE ALTAMIRANO FOR CITY COUNCIL, 2024 (ID# 1456465) JURUPA VALLEY, CA 92509	CTB	LESLIE ALTAMIRANO FOR CITY COUNCIL, 2024	2,000.00
LYNNE KENNEDY FOR CITY COUNCIL 2024 (ID# 1460626) RANCHO CUCAMONGA, CA 91701	CTB	Lynne Kennedy for City Council	2,000.00
Californians for Better Leaders (ID# 1474098) Pasadena, CA 91107	CTB		10,000.00
Gourmet Gourmet Catering UPLAND, CA 91786	MTG	SB County Business Alliance Christmas Dinner	8,208.24
RKS Strategies Inc Rancho Cucamonga, CA 91739	OFC	Design Fees	400.00

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

SUBTOTAL $ 22,608.24

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