Statement of Organization Recipient Committee			- 	Date Stamp Received City of Yucaipa	CALIFORI FORM	NIA	410
Statement Type	Amendment		Termination – See Part 5	City of Tubulpu	For Off	icial Use	Only
O Not yet qualified				SEP 18 2024			
O Date qualification threshol	d met Date qualification threshold me	t	Date of termination				
////////	04142023		/	General Services/	+		
1. Committee Information			2. Treasurer and O	ther Principal Officers			
NAME OF COMMITTEE			NAME OF TREASURER Robert F. Rego			518.200	
Protect Yucaipa Coalition			STREET ADDRESS (NO P.O. BOX			TATE	ZIP CODE
				Grand Terr	race (CA	92313
STREET ADDRESS (NO P.O. BOX)			EMAIL ADDRESS OF TREASURE	R (REQUIRED)	AR	EA CODE	PHONE
CITY ST.	ATE ZIP CODE AREA CODE/PHONE		NAME OF ASSISTANT TREASUR	ER, IF ANY			
	A 92313		STREET ADDRESS (NO P.O. BOX) CITY	c.	TATE	ZIP CODE
FULL MAILING ADDRESS (IF DIFFERENT)		-	STREET ADDRESS (NO P.O. BOA)	Citi	2		ZIFCODE
1.55			EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AF	EA COD	E/PHONE
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONA	AL)						
			NAME OF PRINCIPAL OFFICER(S	5)		-	
	HERE COMMITTEE IS ACTIVE		Robert F Rego				
San Bernardino City of Yuca	1pa		STREET ADDRESS (NO P.O. BOX)	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		TATE	ZIP CODE
			_	Grand Terr		CA	92313
Attach additional information on appropriately	v labeled continuation sheets.		EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AR	EA COD	E/PHONE
3. Verification							
I have used all reasonable diligence in preparin penalty of periury under the laws of the State		ofmy	knowledge the informatio	n contained herein is true and	complete. I cer	tify ur	nder

penalty of p	beijuly under the laws of	the state of California	conect.	
Executed on	S/21/24 DATE	_ Ву	ASURER OR ASSISTANT TREASURER	
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	DATE	ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
				FPPC Form 410 (October/2023) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

÷.

Statement of Organization Recipient Committee				CALIFORNIA FORM 410
INSTRUCTIONS ON REVERSE				Page 2
COMMITTEE NAME				I.D. NUMBER
Protect Yucaipa Coalition				1459639
All committees must list the financial institution where the campaign bank account is lo NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	ocated and	the person(s) authorized		NK records.
Wells Fargo/		909-384-4805		
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE
334 West 3rd Street	San Bern	ardino	CA	92401
4. Type of Committee Complete the applicable sections.				

Controlled Committee

• 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF	PAR		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.				
		SUPPORT	OPPOSE	
		SUPPORT	OPPOSE	

FPPC Form 410 (October/2023) FPPC Advice: <u>advice@fppc.ca.gov</u>(866/275-3772) www.fppc.ca.gov

Statement of Organization Recipient Committee	l,					CALIFORNIA FORM 410
						Page 3
COMMITTEE NAME Protect Yucaipa Coalition						1.D. NUMBER 1459639
4. Type of Committee (Continued	0					
	ot formed to support or opp CITY Committee		andidates or measures in a DUNTY Committee	a single election. Check	5.0	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
To Support and/ or Oppose issues, a	neasures and candidates with	hin the city of	Yucaipa			
Sponsored Committee List add	itional sponsors on an attach	nment.				
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATIO	IN OF SPONSOR		
STREET ADDRESS NO. AND STREET		CITY		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee]/					
	Date qualified			and the second		
5. Termination Requirements		Contraction of the state of the		ate, officeholder, or ponent co	ertify that all of th	e following conditions have been met:
This committee has ceased to re	ceive contributions and mak	e expenditure	es;			
This committee does not anticipation	ate receiving contributions o	r making expe	enditures 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.

Statement of Org Recipient Comm					CALIFORNIA 410
and the second	Initial	Amendment	Termination - See Part 5	RECEIVED	
	Not yet qualified	Amendment	lenimation - See Part 5	AUG 1 9 2024	For Official Use Only
0	Date qualification threshold met	Date qualification threshold met	Date of termination	Yucaipa City Clerk's Office	
	//		//		
1. Committee Info	ormation I.D. Number (f applicable)	r 1429302	THE PARTY AND A REPORT OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTIONO	ther Principal Officers	
			NAME OF TREASURER Robert F. Rego		
Justin Beaver for C	City Council 2024		STURES OF THE STURE P.O. BOX	CITY	STATE ZIP CODE
				Grand Terra	
			EMAIL ADDRESS OF TREASURER	R (REQUIRED)	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX	()				
-			NAME OF ASSISTANT TREASURE	R, IF ANY	
Grand Terrace	STATE CA	ZIP CODE AREA CODE/PHONE 92313			
FULL MAILING ADDRESS (IF DI		72313	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
E-MAIL ADDRESS OF COMMIT	TEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE
			NAME OF PRINCIPAL OFFICER(S)		
COUNTY OF DOMICILE	JURISDICTION WHERE C	OMMITTEE IS ACTIVE	Justin Beaver		
San Bernardino	City of Yucaipa		STREET ADDRESS (NO P.O. BOX)	СІТҮ	STATE ZIP CODE
				Yucaipa	CA 92399
Attach additional infor	mation on appropriately labe	led continuation sheets	EMAIL ADDRESS OF PRINCIPAL C	DFFICER(S) (REQUIRED)	AREA CODE/PHONE
	indion on appropriately fuse	ea continuation sheets.			
3. Verification					
1993年1993年1993年1993年1993年1993年1993年1993		品語。認知的自由自己的意思。			
I have used all reasona penalty of perjury under	er the laws of the State		nd correct.	n contained herein is true and c	complete. I certify under
Executed on			FTREASURER OR ASSISTANT TREASURER		
Executed on $8-15$	- 2024 Ву		FICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONTROLLI	ING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT	
Executed on	Ву				
	DATE	SIGNATURE OF CONTROLLI	ING OFFICEHOLDER, CANDIDATE, OR STATE MEAS		FPPC Form 410 (October/2023)

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

Statement of Organization Recipient Committee			CALIFORNIA FORM 410
INSTRUCTIONS ON REVERSE			Page 2
COMMITTEE NAME Justin Beaver for City Council 2024			I.D. NUMBER 1429302
All committees must list the financial institution where the campaign bank account is located	and the person(s) authorize	d to obtain bai	nk records.
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCO	UNT NUMBER
US Bank/ Justin Beaver	909-790-8896		

			Can Low and A Contract of Contract of Contra	
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE	
33700 Yucaipa Blvd	Yucaipa	CA	92339	
4. Type of Committee Complete the applicable sections.	PERSONAL PROPERTY AND A DESCRIPTION OF A DE		作3000011 ⁹¹⁴ 1448	

Controlled Committee

• 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF	PAR CHECK		
Justin Beaver	Yuciapa City Council Member District 4	2024	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHEC	KONE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

FPPC Form 410 (October/2023) FPPC Advice: <u>advice@fppc.ca.gov</u> (866/275-3772) www.fppc.ca.gov

Statement of Organizat Recipient Committee	ion					CALIFORNIA FORM 410
COMMITTEE NAME Justin Beaver for City Council 2	024					I.D. NUMBER 1429302
4. Type of Committee (Cont						
General Purpose Committee	Not formed to support or oppose		dates or measures in a si TY Committee	ngle election. Check		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee	additional sponsors on an attachme	ent.				
NAME OF SPONSOR		IND	USTRY GROUP OR AFFILIATION O	FSPONSOR		
STREET ADDRESS NO. AND ST	FREET	СІТҮ		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	Date gualified					
5. Termination Requireme	and a first second provide the second s	treasurer, assista	int treasurer and/or candidate,	officeholder, or ponent cei	rtify that all of the	following conditions have been met:
• This committee has ceased t	to receive contributions and make e	xpenditures;				
This committee does not an	ticipate receiving contributions or m	aking expendi	itures in the future;			
This committee has eliminat	ed or has no intention or ability to c	lischarge all de	ebts, loans received, and	other obligations;		
This committee has no surpl	lus 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.

Statement of Organization Recipient Committee				Date Sta	mp		FORNIA 410	
Statement Type Initial				FINED AN	DFILE) EQ		
	Amendment	Termin	nation - See Part 5	CENED AN office of the Secret	etary of State	9	For Official Use Only	
O Not yet qualified		÷.,*		of the State of Ca	litomia			IN
O Date qualification threshold met		Date	e of termination	FEB 07 2	022	-		A
	01 / 20 / 2022		//	•				
1. Committee Information I.D. Number (if applicable)	er 1440639	(2)時間	AME OF TREASURER	Other Principa	al Officers			
Matthew Garner For Yucaipa City Council 2022			Robert F Rego					
Matulew Garner For Tucarpa City Council 2022	2 A.B.	1 101 (<u>.</u>	Robert F Rego					
			REET ADDRESS (NO P.O. BOX)	in the second				-
		2	22365 Barton Road S	Suite 207				
STREET ADDRESS (NO P.O. BOX)			TY		STATE	ZIP CODE	AREA CODE/BUONE	-
			Grand Terrace	-	CA	92313		
		N	AME OF ASSISTANT TREASURER,	, IF ANY				-
FULL MAILING ADDRESS (IF DIFFERENT)	399							
22365 Barton Road Suite 207 Grand Terrace, CA	02212		REET ADDRESS (NO P.O. BOX)					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	.92313		TY -				·	
					STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE JURISDICTION WHERE COM		1						
San Bernardino Yucaipa			AME OF PRINCIPAL OFFICER(S)					
iucuipa			REET ADDRESS (NO P.O. BOX)					2
		31	REET ADDRESS (NO P.O. BOX)					
Attack and the second s	e Anti na ma a co		TY		STATE	ZIP CODE		
Attach additional information on appropriately la	beled continuation sheets.	18 18 18 18 18 18 18 18 18 18 18 18 18 1	ucaipa		CA	92399	AREA CODE/PHONE	
3. Verification			. ucarpa		CA	92399		_
								調査
I have used all reasonable diligence in preparing t	his statement and to the bes	t of my know	wledge the informat	tion contained he	rein is true	and comple	ete. I certify under	
penalty of perjury under the laws of the State of	California that the foregoing	s true and c	correct.				1	
Executed on			5 ° - 5					
1-22-22 7			SURER OR ASSISTANT TREASUR	ER				
Executed on DATE By		m						
an an a fi	SIGNATURE OF CONTR	OLLING OFFICEHO	DLDER, CANDIDATE, OR STATE M	IEASURE PROPONENT				
Executed on By			DLDER, CANDIDATE, OR STATE M					
Executed on By		Section Office RC	COURT, CANDIDATE, OR STATE M	TEASURE PROPUNENT				
Executed on By	SIGNATURE OF CONTI	ROLLING OFFICEHO	DLDER, CANDIDATE, OR STATE M	AEASURE PROPONENT	V.			
						FP	PC Form 410 (August/201	8)
					FPPC Advid	ce: <u>advice@</u>	fppc.ca.gov (866/275-377	2)

× × × × ×

www.fppc.ca.gov

Statement of Organization

Recipient Committee				CALIFORN	^{NA} 410
INSTRUCTIONS ON REVERSE				FORIVI	
COMMITTEE NAME				Page 2	6 A
Matthew Garner For Yucaipa City Council 2022				1.d. number 1440639	2 10
All committees must list the financial institution where the	campaign bank account is located				
NAME OF FINANCIAL INSTITUTION		BANK ACCOUNT N	UMBER		
Wells Fargo		·			
ADDRESS	СПУ	STATE	ZIP CODE		
334 W 3rd Street	San Bernardino	CA	92410		-
4. Type of Committee Complete the applicable section	IS, and put the second second second second second	Can generate a second			

Controlled Committee

- 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.

NAME OF CANDIDATE/OFFICEH OLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF	PAR		
Matthew Garner	Yucaipa City Council Member District 1	2022	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK	ONE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of Organ Recipient Committee			CALIFORNIA FORM 410
сомміттее NAME Matthew Garner For Yuca	ipa City Council 2022		I.D. NUMBER
4. Type of Commi			1440639
General Purpose Commit		andidates or measures in a single election. Check only one OUNTY Committee	e box:
PROVIDE BRIEF DESCRIPTION OF ACTIV	ITY		
		•	
Sponsored Committee	List additional sponsors on an attachment.		
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. A	ND STREET CITY		
		STATE ZIP CODE	AREA CODE/PHONE
	Released		-
Small Contributor Committ	22//		
5. Termination Reg	Date qualified		
This committee has c	eased to receive contributions and make expenditu	sistant treasurer and/or candidate, officeholder, or ponent certify that a	II of the following conditions have been met:
	not anticipate receiving contributions or making ex		
	liminated or has no intention or ability to discharge	all debts, loans received, and other obligations;	
This committee has n			
 This committee has fi 	ed all campaign statements required by the Politica	al Reform Act disclosing all reportable transactions.	
— There a Govern	re restrictions on the disposition of surplus campai ment Code Section 89519.	gn funds held by elected officers who are leaving office an	d by defeated candidates. Refer to
— Leftove 89518,	r funds of ballot measure committees may be used and are subject to Elections Code Section 18680 an	for political, legislative or governmental purposes under G d FPPC Regulation 18521.5.	Sovernment Code Sections 89511 -

π

20

FPPC Form 410 (August/2018) FPPC Advice: <u>advice@fppc.ca.gov</u> (866/275-3772) <u>www.fppc.ca.gov</u>

					COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp		fornia 460
	Statement covers period	Date of election if applicable:	09/25/2024 19:01:42	Dem	1 of11
	from07/01/2024	(Month, Day, Year)	Filing ID:		or Official Use Only
			212164091) '	on onicial use only
SEE INSTRUCTIONS ON REVERSE	through09/21/2024				
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
	Primarily Formed Ballot Measure	I Preelection Statement		Quarterly State	ement
0		Semi-annual Statement		Special Odd-Y	ear Report
0) Controlled	Termination Statement		Supplemental I	
(Also Complete Part 6)	(Also file a Form 410 Te	,	Statement - Att	ach Form 495
General Purpose Committee	Primarily Formed Candidate/	Amendment (Explain b	elow)		
	Difficeholder Committee				
O Political Party/Central Committee	Also Complete Part 7)				
3. Committee Information	D. NUMBER	Treasurer(a)			
	1459639				
Protect Yucaipa Coalition		NAME OF TREASURER			
Hoteet facalpa coaffelon		Robert Rego			
		In ANG ANDREAM			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Grand Terrace	CA	92313	(909)496-1210
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
Grand Terrace CA 9231					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	BOX	MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDF	RESS		

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	09/25/2024 Date	By Robert Rego Signature of Treasurer or Assistant Treasurer	
Executed on	Date	By	
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460
			A

5. Officeholder or Candidate Controlled Committee

Officeholder or Candidate Controlled Committee	6. Primarily Formed Ba	allot Measure Committee	•
IAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE		
FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Identify the controlling	officeholder, candidate, or st	ate measure proponent, if any

OFFICE SOUGHT OR HELD DISTRICT NO IF ANY		
	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

y Formed Candidate/Officeholder Committee List names of er(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)

www.fppc.ca.gov

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

Related Committees not included in this states contributions or make ex	ment that are controlled l	by you or	[,] are primar	•		OFFICE SOU
COMMITTEE NAME			I.D. NUMBE	R	_	
NAME OF TREASURER				ED COMMITTEE?	- 7.	Primarily officeholde
COMMITTEE ADDRESS	STREET ADDRESS (NO	0 P.O. BO)	X)		_	NAME OF O
СІТҮ	STATE	ZIP CO	DE	AREA CODE/PHONE	_	NAME OF O
COMMITTEE NAME			I.D. NUMBE	R	_	NAME OF O
NAME OF TREASURER				ED COMMITTEE?	_	NAME OF O
COMMITTEE ADDRESS	STREET ADDRESS (NO	0 P.O. BO	X)		_	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE		

Campaign Disclosure Statement Summary Page		Amounts may be rounded to whole dollars.			Stater	ment covers period	CALIFORNIA 46	
					from	07/01/2024	FORM TO	
SEE INSTRUCTIONS ON REVERSE					through	09/21/2024	Page of1	
NAME OF FILER							I.D. NUMBER	
Protect Yucaipa Coalition							1459639	
Contributions Received	(FF	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column CALENDAR TOTALTOD	/EAR		nmary for Candidates he State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$_	16,250.00	\$	17	250.00			
2. Loans Received Schedule B, Line 3		0.00			0.00	1/1	through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$_	16,250.00	\$	17	250.00	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3	-	0.00	_		0.00	21 Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$_	16,250.00	\$	17,	250.00	Made \$	\$	
Expenditures Made						Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$_	8,249.20	\$	8	363.44	Candidates		
7. Loans Made Schedule H, Line 3	-	0.00	_		0.00	22. Cumulative Evnanditures Mades		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	8,249.20	\$	8 .	363.44	22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	-	0.00	_		0.00	Date of Election	Total to Dat	
10. Nonmonetary Adjustment Schedule C, Line 3	-	0.00	_		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$_	8,249.20	\$	8 ,	363.44	////	\$	
Current Cash Statement						//	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	9,256.48	То са	alculate Colu	mn B, add			
13. Cash Receipts Column A, Line 3 above	-	16,250.00		unts in Colun esponding ar		**		
4. Miscellaneous Increases to Cash Schedule I, Line 4	-	0.00	from	Column B of	your last	*Amounts in this section reported in Column B.	may be different from amount	
15. Cash Payments Column A, Line 8 above	-	8,249.20	repo Colu	rt. Some am mn A may be	ounts in negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$_	17,257.28	figure	es that shoul	d be			
If this is a termination statement, Line 16 must be zero.			perio	racted from od amounts. irst report be	If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for th	his calendar	year, only			
Cash Equivalents and Outstanding Debts		0.00	from any)	Lines 2, 7, a	ind 9 (if			
18. Cash Equivalents See instructions on reverse	\$_	0.00						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00						

Schedule	Α						SCHEDULE A	
Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover	-	CALIFORNIA 460		
SEE INSTRUCTIO	DNS ON REVERSE			through	024	Page .	4 of1	
NAME OF FILER						I.D. NU	MBER	
Protect Yuca	aipa Coalition					14596	39	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/11/2024	Quantas Corman Newport Beach, CA 92660	□IND □COM ☑OTH □PTY □SCC		2,500.00	2,	500.00		
07/29/2024	Bobby Duncan for City Council 2024 (ID# 1463889) Yucaipa, CA 92399	□IND IND COM OTH PTY SCC		2,000.00	2,	000.00		
08/01/2024	Sandy Robinson Sierra Madre, CA 91024	IND COM OTH PTY SCC	None None	5,000.00	5,	000.00		
08/22/2024	Janet Ottonello Lakeside, CA 92240	∑IND □COM □OTH □PTY □SCC	Housewife Housewife	1,500.00	1,	500.00 G	2024 \$1,500.00	
08/26/2024	Kathleen Bryan Yucaipa, CA 92399	XIND COM OTH PTY SCC	Retired Retired	250.00		250.00		
			SUBTOTAL \$	11,250.00				
1. Amount re (Include al	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND - COM OTH	(other t - Other (l nt Committee han PTY or SCC) e.g., business entity)	
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu						Party ontributor Committee	

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

www.netfile.com

I.D. NUMBER Protect Yucaipa Coalition 1459639 IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 5,000.00 G2024 \$5,000.00 N. Abraham Issa 5,000.00 Retired X IND North Bay Village, FL 33141 Retired OTH **PTY** Land Owner in Live Oak Canyon SCC COM OTH □ PTY SCC IND OTH □ PTY SCC □ IND

Amounts may be rounded

to whole dollars.

OTH **PTY** SCC **IND** COM ☐OTH **□** PTY SCC SUBTOTAL\$ 5,000.00

*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

NAME OF FILER

DATE

RECEIVED

09/04/2024

SCHEDULE A (CONT.)

<u>5</u> of <u>11</u>

460

CALIFORNIA

FORM

Page

Statement covers period

from

through

07/01/2024

09/21/2024

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole de		Statement covers	24	CALIFORNIA FORM 460		
SEE INSTRUCTION	ONS ON REVERSE			through09/21/20	24	Page 6	of1	
	aipa Coalition					1459639		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, SOMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
09/05/224	Justin Beaver City Council Member City District: 4	 Monetary Contribution Nonmonetary Contribution Independent 	Landslide Communications Slate Mailer	1,800.00	4	4,645.00 G202	4 \$4,645.0	
5005/2024	Image: Support Oppose Justin Beaver City Council Member City District: 4 Image: Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution X Independent Expenditure	Landslide Communications Slate Mailer	1,800.00	4	4,645.00 G202	4 \$4,645.0	
09/12/2024	Budget Watchdogs Newsletter	Monetary Contribution Nonmonetary Contribution Independent Function	Slate Mailer	1,244.00	3	3,093.00 G202	4 \$3,093.0	
	X Support Oppose	Expenditure						
			SUBTOTAL	\$ 4,844.00				

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	7,738.00
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.)	7,738.00

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may to whole d		Statement covers from 07/01/20 through 09/21/20	FORM 40			400
NAME OF FILER				through 09721720		Page _	7	of⊥⊥
	aipa Coalition					145963		
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 ⁻ CALENDAR (JAN. 1 - DEC	TO DATE YEAR	PER I T(ELECTION O DATE EQUIRED)
09/12/2024	Voter Newsletter	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Slate Mailer	268.00	3,	,093.00	G2024	\$3,093.00
09/12/2024	Cal Voter	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Slate Mailer	571.00	3,	,093.00	G2024	\$3,093.00
09/12/2024	Election Digest	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Slate Mailer	337.00	3,	,093.00	G2024	\$3,093.00
09/12/2024	Senior Advocate	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Slate Mailer	673.00	3,	,093.00	G2024	\$3,093.00

(Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		be rounded dollars.		24	IFORNIA FORM ge <u>8</u>	400
aipa Coalition					-	
NAME OF CANDIDATE, OFFICE, AND DISTRICT		DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DA	ATE PER	R ELECTION TO DATE REQUIRED)
Justin Beaver City Council Member City District: 4	Monetary Contribution Nonmonetary Contribution Nontribution Independent Expenditure	Slate Mailer	129.00	4,645.	00 G2024	\$4,645.0
Justin Beaver City Council Member City District: 4	Monetary Contribution Nonmonetary Contribution Nontribution Independent Expenditure	Slate Mailer	364.00	4,645.	00 G2024	\$4,645.0
Justin Beaver City Council Member City District: 4	Monetary Contribution Nonmonetary Contribution Nontribution X Independent Expenditure	Slate Mailers	168.00	4,645.	00 G2024	\$4,645.0
Justin Beaver City Council Member City District: 4	Monetary Contribution Nonmonetary Contribution Monetary Contribution Independent Expenditure	Slate Mailers	384.00	4,645.	00 G2024	\$4,645.0
e	Aipa Coalition NAME OF CANDIDATE, OFFICE, AND DISTRICT MEASURE NUMBER OR LETTER AND JURISDIC OR COMMITTEE Justin Beaver City Council Member City District: 4 Cal Couplet Justin Beaver City Council Member City District: 4 Couplet Justin Beaver City Council Member City District: 4 Couplet Dustin Beaver City Council Member City District: 4 Couplet District: 4 District: 4 District:	aipa Coalition TYPE OF PAYMENT MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE TYPE OF PAYMENT Justin Beaver City Council Member City District: 4 Monetary Contribution Justin Beaver City Council Member City District: 4 Nonmonetary Contribution Justin Beaver City Council Member City District: 4 Monetary Contribution Justin Beaver City Council Member City District: 4 Monetary Contribution Justin Beaver City District: 4 Monetary Contribution	Baipa Coalition Invame OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE TYPE OF PAYMENT DESCRIPTION (IF REQUIRED) Justin Beaver City Council Member District: 4 Independent Expenditure Slate Mailer Justin Beaver City Council Member District: 4 Nonmonetary Contribution Slate Mailer Justin Beaver City Council Member District: 4 Monetary Contribution Slate Mailer Justin Beaver City Council Member District: 4 Nonmonetary Contribution Slate Mailer Justin Beaver City Council Member District: 4 Monetary Contribution Slate Mailers Justin Beaver City Council Member District: 4 Nonmonetary Contribution Slate Mailers Justin Beaver City Council Member City Council Member Contribution Slate Mailers Justin Beaver City Council Member City Council Member City Council Member Contribution Slate Mailers	Ses, Measures and Committees Income of construction alpa Coalition Alpa Coalition Measure Number of CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE TYPE OF PAYMENT DESCRIPTION (PREQUIRED) AMOUNT THIS PERIOD Justin Beaver Citry District: 4 Monetary Contribution Slate Mailer 129.00 Justin Beaver Citry Council Member Citry District: 4 Nonmonetary Contribution Slate Mailer 364.00 Justin Beaver Citry Contribution Independent Expenditure Slate Mailer 364.00 Justin Beaver Citry District: 4 Oppose Slate Mailers 168.00 Justin Beaver Citry Contribution Slate Mailers 168.00 Justin Beaver Citry Council Member Citry District: 4 Oppose Slate Mailers 168.00 Justin Beaver Citry District: 4 Monetary Contribution Slate Mailers 384.00 Monetary Citry District: 4 Monetary Contribution Slate Mailers 384.00	ES, Measures and Committees Irrom_01120001 through_09/21/2024 Page sipa Coalition ID.N 145 indexed of CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, DR COMMITTEE TYPE OF PAYMENT DESCRIPTION (# REQUIRED) AMOUNT THIS PERIOD CUMULATIVE TO DA CALEDDAR VERME (AN 1-DEC 31) State Mailer 129.00 4,645. Use of common temper Contribution Independent Expenditure State Mailer 129.00 4,645. Justin Beaver City Oppose State Mailer 364.00 4,645. Justin Beaver City Oppose State Mailer 364.00 4,645. Justin Beaver City Oppose State Mailer 168.00 4,645. Justin Beaver City Oppose State Mailer 364.00 4,645. Justin Beaver City Oppose State Mailers 168.00 4,645. Justin Beaver City Oppose State Mailers 364.00 4,645. Justin Beaver City Oppose State Mailers 384.00 4,645. Justin Beaver City Oppose State Mailers 384.00 4,645. Justin Beaver City Oppose <td>Tom OTESTION Page</td>	Tom OTESTION Page

0 · · · · F		SCHEDULE E					
Schedule E Payments Made	Amounts may be rounded	Statement covers period	CALIFORNIA 460				
	to whole dollars.	from07/01/2024	FORM 400				
SEE INSTRUCTIONS ON REVERSE		through09/21/2024	Page9 of11				
NAME OF FILER			I.D. NUMBER				
Protect Yucaipa Coalition			1459639				

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
ND	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
Landslide Communications Laguna Niguel, CA 92677	IND				1,800.00
Landslide Communications Laguna Niguel, CA 92677	IND				1,800.00
Budget Watchdogs Newsletter (ID# 1345115) Torrance, CA 90505	IND				1,244.00
* Payments that are contributions or independent expenditures mus	t also be summarized on	Sched	dule D.	SUBTOTAL\$	4,844.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	8,249.20
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.)	8,249.20

Schedule E				SCHEDULE E (CONT.)
(Continuation Sheet)	Amounts may b	be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole do	ollars.	from07/01/2024	FORM 400
SEE INSTRUCTIONS ON REVERSE			through09/21/2024	Page of
NAME OF FILER				I.D. NUMBER
Protect Yucaipa Coalition				1459639
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications nd appearances nses ulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging,	n costs duction costs ad meals and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cal Voter (ID# 1468377) Torrance, CA 90505		IND		571.00

* Payments that are contributions or independent expenditures must al	so be summarized on Schedule D.	SUBTOT	AL\$ 2,233.00
Cal Voter (ID# 1468377) Torrance, CA 90505	IND		384.00
Voter Newsletter (ID# 1355767) Torrance, CA 90505	IND		268.00
Senior Advocate (ID# 1439476) Torrance, CA 90505	IND		673.00
Election Digest (ID# 1345303) Torrance, CA 90505	IND		337.00

Schedule E			SCHEDULE E (CONT.)
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made			FORM 400
SEE INSTRUCTIONS ON REVERSE		through09/21/2024	Page of
NAME OF FILER			I.D. NUMBER
Protect Yucaipa Coalition			1459639
CODES: If one of the following codes accurately	describes the payment, you may enter the cod	e. Otherwise, describe the payment	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n 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 pro	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, ar	
FND fundraising events IND independent expenditure supporting/opposing others (ex	POL polling and survey research	TRS staff/spouse travel, lodging. TSF transfer between committee	
IND independent expenditure supporting/opposing others (ex LEG legal defense	<pre>kplain)* POS postage, delivery and messenger servic PRO professional services (legal, accounting</pre>		es of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads) VOT voter registration WEB information technology cost	ts (internet, e-mail)
NAME AND ADDRESS OF PAYEE	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Election Digest (ID# 1345303) Torrance, CA 90505	IND		168.00
Senior Advocate (ID# 1439476) Torrance, CA 90505	IND		364.00
- Voter Newsletter (ID# 1355767) Torrance, CA 90505	IND		129.00
Anedot Dallas, TX 75201	OFC	Credit Card Fees	511.20
* Payments that are contributions or independent expenditures must also be su	Immarized on Schedule D	<u> </u>	BTOTAL \$ 1,172,20

SUBTOTAL \$ 1,172.20

_

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Yucaipa Public Safety and Member Matt Garner	d Residents Opposing thr Recall of Council	Date of This Filing10/08/2024	Date Stamp	CALIFORNIA 497		
AREA CODE/FIGNE	1474106	Report No. 10082024	E-Filed 10/08/2024 17:16:58	For Official Use Only		
STREET ADDRESS		Amendment to Report No (explain below)	Filing ID: 212267313			
CITY	STATE ZIP CODE	(explain below)				
Grand Terrace	CA 92313	No. of Pages1				

1. Contribution(s) Received

DATE RECEIVED	EULE NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR VIE COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECUL
0/08/2024	Protect Yucaipa coalition Grand Terrace, CA 92313 Committee ID # 1459639	□ IND X COM □ OTH □ PTY □ SCC		10,000.00
		□ IND □ COM □ OTH □ PTY □ SCC		☐ Check if Loan % Provide interest rate
		□ IND □ COM □ OTH □ PTY □ SCC		Check if Loan

*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

Reason for Amendment: _

Statement of C Recipient Corr				Remetestanced City of Yucaipa	CALIFORNIA FORM	410
Statement Type	 Initial Not yet qualified 	Amendment	Termination – See Part 5	SEP 0 9 2024	For Official Us	2 Only
	O Date qualification threshold met	Date qualification threshold met	Date of termination	General Services/		
	//	//	// (ity Clerk's Departmen	t Anna de la	
1. Committee I	nformation I.D. Number	Pending	2. Treasurer and O	ther Principal Officers		
NAME OF COM			Robert F. Rego		Sec.	
· · · · · · · · · · · · · · · · · · ·	Safety and Residents Oppo	sing the Recall of Counch	Shine Str.O. BOX		STATE	ZIP CODE
Member Matt C	Farner		1	Grand Terrae	ce CA	92313
			EMAIL ADDRESS OF TREASURE	R (REQUIRED)	AREA COD	E/PHONE
STREET ADDRESS (NO P.O.	. 807)		Comments and the second s		1.1	
			NAME OF ASSISTANT TREASUR	ER, IF ANY		
CITY Grand Terrace	STATE	ZIP CODE AREA CODE/PHONE 92313				
	CA	92313	STREET ADDRESS (NO P.O. BOX) CITY	STATE	ZIP CODE
FULL MAILING ADDRESS (IF DIFFERENT)					
E-MAIL ADDRESS OF COM	IMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA COL	DE/PHONE
E-MAIL ADDRESS OF COM	INT THE (RECORED) / PAX (OF HORAL)					
COUNTY OF DOMICILE	JURISDICTION WHERE O	OMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S Robert F Rego	5)		
San Bernardino	City of Yucaipa		ů.			
	, 1		STREET ADDRESS (NO P.O. BOX)) CITY Grand Terrad	ce CA	ZIP CODE 92313
			EMAIL ADDRESS OF PRINCIPAL			DE/PHONE
Attach additional in	nformation on appropriately labe	led continuation sheets.	EMAL ADDRESS OF PRINCIPAL		ANEACOL	rey mone
					1.1.1.1.1.1.1	
			UN DE LA CARA DE LA CA			
3. Verification						

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California the formation is true and correct.

Executed on	9/3/24 DATE	_ Ву	IGNATURE OF TREASURER OR ASSISTANT TREASURER	LOCTOR D
Executed on	DATE	Βγ	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	s with the c
Executed on	DATE	_ Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	FPPC Form 410 (October/2023)

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

RECEIVED

Statement of Organization Recipient Committee	SEP 0 9	2024		CALIFORNIA FORM 410
INSTRUCTIONS ON REVERSE	Yucaipa City C	erk's Office		Page 2
сомміттее NAME Yucaipa Public Safety and Residents Opposing the Recall of Council Member Mat	tt Garner			I.D. NUMBER Pending
All committees must list the financial institution where the campaign bank ac	ccount is located and	the person(s) authorized	d to obtain ba	nk records.
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCO	UNT NUMBER
Wells Fargo/		909-384-4805	TBD	
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE
334 West 3rd Street	San Bern	ardino	CA	92401
4. Type of Committee Complete the applicable sections.				

Controlled Committee

• 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF	PAR CHECK		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK	ONE
Recall Matt Garner	Yucaipa City Council Member District 1	SUPPORT	OPPOSE
		SUPPORT	OPPOSE

FPPC Form 410 (October/2023) FPPC Advice: <u>advice@fppc.ca.gov</u> (866/275-3772) www.fppc.ca.gov

			RECEIVED	0		
Statement of Organizati Recipient Committee	on		SEP 0 9 2024			CALIFORNIA FORM 410
INSTRUCTIONS ON REVERSE			Yucaipa City Caund			Page 3
COMMITTEE NAME Yucaipa Public Safety and Reside	nts Opposing the Recall of Council	Member N	Matt Garner			1.D. NUMBER Pending
4. Type of Committee (Contin	nued)					
General Purpose Committee	Not formed to support or oppose		andidates or measures in a DUNTY Committee	single election. Check		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee	additional sponsors on an attachme	nt.				
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION	I OF SPONSOR		
STREET ADDRESS NO. AND STR	EET	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	□//					
5. Termination Requiremen	Date qualified	treasurer, as	sistant treasurer and/or candida	e, officeholder, or ponent ce	rtify that all of the	following conditions have been met:
	receive contributions and make ex		and a second advantages of the first of the second states of			
This committee does not anti	cipate receiving contributions or ma	aking expe	enditures 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.