

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met _____/_____/_____
 Amendment
 Date qualification threshold met 05,31,22
 Termination - See Part 5
 Date of termination _____/_____/_____

Date Stamp
 RECEIVED
 SENDY PEREZ, COUNTY CLERK
 MAY 31 2022
 BY [REDACTED] DEPUTY
CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE Committee to Elect Gary Hansen Glenn County Supervisor District 4, 2022
 STREET ADDRESS (NO P.O. BOX) [REDACTED]
 CITY Willows STATE CA ZIP CODE 95988 AREA CODE/PHONE 530-514-3003
 FULL MAILING ADDRESS (IF DIFFERENT) Same as above
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) garyhansen04@gmail.com
 COUNTY OF DOMICILE Glenn JURISDICTION WHERE COMMITTEE IS ACTIVE Glenn County

NAME OF TREASURER Kaitlyn B. Hansen
 STREET ADDRESS (NO P.O. BOX) [REDACTED]
 CITY Willows STATE CA ZIP CODE 95988 AREA CODE/PHONE 530-228-0690
 NAME OF ASSISTANT TREASURER, IF ANY Gary C. Hansen
 STREET ADDRESS (NO P.O. BOX) [REDACTED]
 CITY Willows STATE CA ZIP CODE 95988 AREA CODE/PHONE 530-514-3003
 NAME OF PRINCIPAL OFFICER(S) Gary C. Hansen
 STREET ADDRESS (NO P.O. BOX) [REDACTED]
 CITY Willows STATE CA ZIP CODE 95988 AREA CODE/PHONE 530-514-3003

Attach additional information on appropriately labeled continuation sheets.

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 that the foregoing is true and correct.

Executed on 05-31-2022 By [REDACTED]
DATE TREASURER OR ASSISTANT TREASURER
 Executed on 05-31-2022 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME: Committee to Elect Gary Hansen Glenn County Supervisor District 4-2022
I.D. NUMBER: 1448030

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <u>Tri-Counties Bank</u>	AREA CODE/PHONE <u>530-934-2191</u>	BANK ACCOUNT NUMBER <u>077351966</u>
ADDRESS [REDACTED]	CITY <u>Willows CA</u>	STATE ZIP CODE <u>95988</u>

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 ELECTION	PARTY CHECK ONE		(list political party below)
<u>Gary L. Hansen</u>	<u>Glenn County Supervisor</u>	<u>2022</u>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	
	<u>District 4</u>		<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	

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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Elect Gary Hansen Glenn County Supervisor, District 4

I.D. NUMBER

1448030

4. Type of Committee (Continued)

2022

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.