

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met

Termination - See Part 5  
 Date of termination <sup>6/2</sup> 06-30-2022

Date Stamp  
RECEIVED  
SENDRY PEREZ, COUNTY CLERK  
JUL 05 2022  
BY [REDACTED] DEPUTY

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information** I.D. Number (if applicable) 1448030 **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 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 228-0690

NAME OF ASSISTANT TREASURER, IF ANY Gary L. Hansen

STREET ADDRESS (NO P.O. BOX) [REDACTED]

CITY Willows STATE CA ZIP CODE 95988 AREA CODE/PHONE 514-3003

NAME OF PRINCIPAL OFFICER(S) Gary L. Hansen

STREET ADDRESS (NO P.O. BOX) [REDACTED]

CITY Willows STATE CA ZIP CODE 95988 AREA CODE/PHONE 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 6/17/2022 By [REDACTED] ASSISTANT TREASURER

Executed on 06-30-2022 By [REDACTED] CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ 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 Tri-Counties Bank	AREA CODE/PHONE 530-934-2191	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Willows	STATE ZIP CODE CA 95988

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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
*Committee to Elect Gary Hansen Glenn County Supervisor District 4*

**4. Type of Committee** (Continued)

**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, officer/holder, 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.