Candidate In	Itention St ☑ Initial	Amendment (Explain)	· .	—— AUG 2	CALIFORNIA FORM 501 For Official Use Only
1. Candidate In	formation:			The state of the s	CILII
NAME OF CANDIDATE	(Last, First Middle Initia	(IE	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Hansen, Matthew (C			()	matthansentcdistrict4@gmail.com
STREET ADDRESS			CITY	STATE	ZIP CODE
OFFICE SOUGHT (POS	ITION TITLE)	AGENOVANA	Corning	CA	96021
	IIION IIILE)	AGENCY NAME			plicable. NON-PARTISAN OFFICE
Supervisor OFFICE JURISDICTION		Tehama County		District 4	PARTY PREFERENCE:
State (Complete					(Check one box, if applicable.) ✓ PRIMARY / GENERAL
City Co		ti-County:	(Name of Multi-County Jurisdiction)	2022	r of Election) SPECIAL / RUNOFF
	cept the volun	penditure ceiling for the electi			
ceiling	ot exceed the g for the gener	expenditure ceiling in the prirral or special run-off election.	mary or special election held o	n <u> </u>	and I accept the voluntary expenditure
(Mark if applicable) On,	I co	ontributed personal funds in e	excess of the expenditure ceiling	ng for the election stat	ted above.
3. Verification:	nonalty of non	tion and a the leave of the Ot			
	ugust 13 (month, day, ye	2021 Signature	ate of California that the foreco	ing is true and correc	ct. FPPC Form 501 (Aug

Statement of Con	_		,	Date Stamp	CALIFORNIA 410
Recipient Con Statement Type	Initial	Im	lm		FORM 410
otatement Type	Not yet qualified	☐ Amendment	☐ Termination – See Part 5	SEP 17 2021	For Official Use Only
	O Date qualification threshold met	Date qualification threshold met	Date of termination	TC Elections	
	/	/	//		
1. Committe	e Information I.D. Number (if applicable)	er	2. Treasurer and	l Other Principal Officers	
NAME OF COMMITTEE	() approadic)		NAME OF TREASURER		
Committee to E	lect Matt Hansen Tehama Count	y Supervisor District 4 - 2022	Kenn Rieders		
			STREET ADDRESS (NO P.O. BOX)		
STREET ADDRESS (NO P.C	D. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
			Red Bluff	CA	96080
Red Bluff		OBO AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY	 -
FULL MAILING ADDRESS	(IF DIFFERENT)	AND	STREET ADDRESS (NO P.O. BOX)		
- H	Red Bluff, CA 96080				
E-MAIL ADDRESS (REQUI			CITY	STATE	ZIP CODE AREA CODE/PHONE
	strict4@gmail.com				
COUNTY OF DOMICILE	JURISDICTION WHERE CO		NAME OF PRINCIPAL OFFICER(S))	
Tehama	Tehama County	District 4	Matt Hansen		
			STREET ADDRESS (NO P.O. BOX)		
				STATE	ZIP CODE AREA CODE/PHONE
Attach addition	al information on appropriately lo	abeled continuation sheets.	Corning	CA	96021
3. Verificatio	nn		937778	J.,	
			7.076		
	easonable diligence in preparing iry under the laws of the	this statement and to the bes	st of my knowledge the informa	ation contained herein is true	and complete. I certify under
	September 2021				
Executed on	DATE By		TREASU	URER	
Executed on	September 2021				
	DATE		E, OR STATE	E MEASURE PROPONENT	
Executed on	By				
		SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	E MEASURE PROPONENT	
Executed on	By	CIGNATURE OF CONT	EROLLING OFFICEIVOLDER, CANDIDATE OR STATE	F NATACLIDE DEODONIENT	

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

Statement of Organization Recipient Committee								10
INSTRUCTIONS ON REVERSE						Page 2		
COMMITTEE NAME Committee to Elect Matt Hansen Tehama County Supervisor Dis	strict 4 - 202	2				I.D. NUMBER	- Marie a de co	
All committees must list the financial institution where the c	ampaign ba	nk account is locate	d.	+				
NAME OF FINANCIAL INSTITUTION	AREA CO	ODE/PHONE	BANK ACCO	UNT NUMBER				
Tri Counties Bank	530 5	529 7080						
ADDRESS	CITY		STATE	Z	P CODE			w
727 S Main St	Red 1	Bluff	CA	9	96080			
4. Type of Committee Complete the applicable sections	S.,	***						
Controlled Committee								
 List the name of each controlling officeholder, candidate, or st also list the elective office sought or held, and district number, 				r controlled	,			
List the political party with which each officeholder or candida	ate is affiliate	ed or check "nonpar	isan." Stating "No pa	arty prefere	ence" is accep	otable		
If this committee acts jointly with another controlled committee	ee, list the n	ame and identificati	on number of the otl	her control	ed committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB		YEAR OF ELECTION	PAR [*] CHECK			
Matt Hansen	Tehama	County Supervisor	District 4	2022	Nonpartisan	Partisan	(list political par	ty below)
					Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or	oppose spec	cific candidates or m	easures in a single el	ection. Lis	t below:	<u> </u>		2
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LI IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME			TE(S) OFFICE SOUGHT OR H ICLUDE DISTRICT NO., CITY (ON	CHECK	ONE
							SUPPORT	OPPOSE
							SUPPORT	OPPOSE

COVER PAGE **Recipient Committee** Date Stamp CALIFORNIA **Campaign Statement FORM Cover Page** Page _1 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only from 1.1.20226.7.2022 through 4.23.2022SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report ○ Recall Controlled Termination Statement Sponsored (Also Complete Part 5) (Also file a Form 410 Termination) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1441132 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kenn Rieders Committee to Elect Matt Hansen Tehama County Supervisor District 4 - 2022 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE Red Bluff CA 96080 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Red Bluff CA 96080 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Red Bluff CA 96080 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS matthansentcdistrict4@gmail.com noodledude@att.net 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 fo Executed on 25 April 2022 Executed on 25 April 2022 ponsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____

Executed on __

FPPC Form 460 (Jan/2016))

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page _2 (of _5

Officeholder or Candidate Controlled	Committee			6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE	10000 FEE 1973 - 1			
Matt Hansen									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AI	ND DISTRICT NUMBE	R IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Tehama County Supervisor District 4									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY Corning	STATE CA	ZIP 96021		Identify the controlling office	eholder, candi	date, or state	measure prop	onent, if any.
		995			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of y	by you or are primari				OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMB	BER							
NAME OF TREASURER	CONTROL			7.	Primarily Formed Candofficeholder(s) or candidate(s)	didate/Offic) for which this	eholder Co committee is p	mmittee Lis orimarily forme	t names of d.
COMMITTEE ADDRESS STREET ADDRESS (NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMB	BER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROL				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	JGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS ((NO P.O. BOX)					***************************************			☐ OPPOSE
CITY STATE	ZIP CODE	AREA COL	DE/PHONE		Atta	ach continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ _

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 1

Statement covers period

		from <u>1.1.</u>			from	.2022	FORM 46U	
SEE INSTRUCTIONS ON REVERSE					through _	4.23.2022	Page _3 of _5	
NAME OF FILER Committee to Elect Matt Hansen Tehama County Supervisor District 4 -	202	22					I.D. NUMBER 1441132	
	202	Column A		Columr	. P	Colondon Varia		
Contributions Received	(1	TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		CALENDAR Y TOTAL TO E	YEAR	Running in Both tl	nmary for Candidates ne State Primary and	
Monetary Contributions	\$	850	\$	9,120		General Elections	through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS	\$	850 850	\$	9,120		21. Expenditures	\$\$ \$\$	
Expenditures Made					3.3	Expenditure Limit	Summary for State	
6. Payments Made	\$	5,789	\$	6,943		Candidates	ouninary for otate	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5,789	\$	6,943			ive Expenditures Made* o Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3						Date of Election (mm/dd/yy)	Total to Date	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	5,789	\$	6,943			\$	
Current Cash Statement							\$	
12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4	\$	7,116 850	ad A t	calculate Coluid amounts in Control to the correspondents from Co	olumn nding	*Amounts in this section reported in Column B.	may be different from amounts	
15. Cash Payments	\$	5,789 2,177	of an be sh pre	your last report nounts in Colun negative figure ould be subtrac evious period a	nn A may sthat sted from mounts. If	reported in Column B.		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		file	s is the first rep ed for this calen ly carry over the	dar year,			
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, a y).				
18. Cash Equivalents See instructions on reverse	\$							

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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

wonetary	Contributions Received	from 1.1.2022			FORM 460		
SEE INSTRUCTI	ONS ON REVERSE	through _4.23.202	22	Page	e 4 of _5		
NAME OF FILER Committee t	to Elect Matt Hansen Tehama County Supervisor Distric	ct 4 - 2022					JMBER
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
3.21.2022	Patty Smith Corning. CA 96021	☑ IND □ COM □ OTH □ PTY □ SCC	Realtor Self By Name Employeed	200	200		200
3.21.2022	Linda Lucero Corning. CA 96021	☑IND □COM □OTH □PTY □SCC	Retired Retired	100	100		100
4.20.2022	Stationary Engineers Local 39 San Francisco, CA 94103	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500		500
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL S	\$ 800			
1. Amount re (Include al	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)				INE CO OTI PT'	other) H – Other Y – Politic	ual ient Committee than PTY or SCC) (e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) TOTAL \$ 85			FPF	PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

Cabadula E	A seconda secola de secola d	
Schedule E	Amounts may be rounded	Statement
Payments Made	to whole dollars.	
rayments made		1.1.2022
		from

Statement covers period	CALIFORNIA ACO
$from \underline{\overset{1.1.2022}{-}}$	FORM 460
through 4.23.2022	Page of
	I.D. NUMBER

1441132

SCHEDIIIEE

Committee to Elect Matt Hansen Tehama County Supervisor District 4 - 2022

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 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 independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor 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 C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tehama County Elections PO Box 250, Red Bluff, CA 96080	FIL	Filining & Ballot Fees	1,139
Walker Printing Red Bluff, CA 96080	СМР	Printing	187
Zelmas ed Bluff, CA 96080	СМР	Brochures, Buttons, Yard Signs	4,382

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 5,708

Schedule E Summary

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Itemized payments made this period. (Include all Schedule E subtotals.)	\$
2. Unitemized payments made this period of under \$100	\$\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	TOTAL \$ 5,789

	_			Date Stamp The office of the Secretary of Si	CALIFORNIA 4	10
Statement Type	✓ Initial	☐ Amendment	☐ Termination – See Part 5	of the State of California	For Official Use Only	
	O Not yet qualified or Date qualification threshold management of the property of the property of perjury under the laws of the Statuted on To Not yet qualification threshold management of the property of the property of the perjury under the laws of the Statuted on To Not yet qualified or Date the property of the perjury under the laws of the Statuted on To November 2021 Date Date Qualification threshold management of the property of the property of the perjury under the laws of the Statuted on To November 2021 Date Date Qualification threshold management of the property of the property of the property of the property of the perjury under the laws of the Statuted on To November 2021 Date Date Qualification threshold management of the property of the pr					
	or Date qualification threshold r	net Date qualification threshold met	Date of termination	NOV 17 2021		
	11 , 15 , 2021	/	//			
1. Committe	e Information I.D. Num	nber _[1441132]	2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE	(if applicable)		NAME OF TREASURER			
Committee to E	lect Matt Hansen Tehama Co	unty Supervisor District 4 - 2022	Kenn Rieders			
			STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.C	D. BOX)		CITY	STATE	ZIP CODE AREA CODE,	/PHONE
			Red Bluff	CA	96080	
CITY		ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
Red Bluff		96080				
			STREET ADDRESS (NO P.O. BOX)			
			CITY	STATE	ZIP CODE AREA CODE	./PHONE
COUNTY OF DOMICILE	JURISDICTION WHER	E COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		***************************************
Tehama	Tehama Cour	nty District 4	Matt Hansen			
			STREET ADDRESS (NO P.O. BOX)			
			CITY	STATE	ZIP CODE AREA CODE	E/PHONE
Attach addition	al information on appropriate	ly labeled continuation sheets.	Corning	CA	96021	
2 //:::::			3318			
						الماليل
		ing this statement and to the bes	st of my knowledge the inform	ation contained herein is true	and complete. I certify ur	nder
Executed on15	BV I			and the same of th	-	
Executed on	·		IG OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT		
Executed on	B _V	V			and the second of the second o	
	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT		
Executed on	By		TOOLUNG OFFICEUOLDED CANDIDATE OF CTAT	TE MEACURE PROPONENT		
	DATE	SIGNATURE OF CONT	FROLLING OFFICEHOLDER, CANDIDATE, OR STAT	E INICASORE PROPONENT		

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

Statement of Organization Recipient Committee						CALIFO FOR		10			
INSTRUCTIONS ON REVERSE						Page 2					
COMMITTEE NAME Committee to Elect Matt Hansen Tehama County Supervisor District 4 - 2022						1.D. NUMBER 1441132					
All committees must list the financial institution where the	campaign ban	k account is located.									
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE	BANK ACCOU	JNT NUMBER							
Tri Counties Bank	530 52	29 7080									
ADDRESS	CITY		STATE	ZI	P CODE						
727 S Main St	Red B	Bluff	CA	Ģ	96080						
4. Type of Committee Complete the applicable section	ıs.										
Controlled Committee											
• List the name of each controlling officeholder, candidate, or salso list the elective office sought or held, and district number				r controllec	Ι,						
List the political party with which each officeholder or candic	late is affiliate	d or check "nonpartisa	n." Stating "No p	arty prefere	ence" is acce _l	otable					
If this committee acts jointly with another controlled commit	ttee, list the na	ame and identification	number of the ot	her control	led committe	ee.					
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(1	ELECTIVE OFFICE SOUGHT INCLUDE DISTRICT NUMBER II		YEAR OF ELECTION	PAR CHECK						
Matt Hansen	Tehama	County Supervisor Dis	strict 4	2022	Nonpartisan	Partisan	(list political part	ty below)			
					Nonpartisan	Partisan	(list political part	ty below)			
						IL.					
Primarily Formed Committee Primarily formed to support of	or oppose spec	cinc candidates or mea	sures in a single e	eiecπon. Lis	t below:						
CANDIDATE(S) NAME OR MEASURE(S), FULL TITLE (INCLUDE BALLOT NO. OR IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAM			S) OFFICE SOUGHT OR F JDE DISTRICT NO., CITY			ION	CHECK	ONE			
							SUPPORT	OPPOSE			
							SUPPORT	OPPOSE			

COVER PAGE **Recipient Committee** Date Stamp CALIFORNIA **Campaign Statement FORM Cover Page** Page _1 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only from 1.1.20226.7.2022 through 4.23.2022SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report ○ Recall Controlled Termination Statement Sponsored (Also Complete Part 5) (Also file a Form 410 Termination) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1441132 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kenn Rieders Committee to Elect Matt Hansen Tehama County Supervisor District 4 - 2022 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE Red Bluff CA 96080 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Red Bluff CA 96080 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Red Bluff CA 96080 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS matthansentcdistrict4@gmail.com noodledude@att.net 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 fo Executed on 25 April 2022 Executed on 25 April 2022 ponsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____

Executed on __

FPPC Form 460 (Jan/2016))

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
FORM 460					
Page _2 (of _5				

Officeholder or Candidate Controlled	Committee			6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE	10000 FEE 1973 - 1				
Matt Hansen									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AI	ND DISTRICT NUMBE	R IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Tehama County Supervisor District 4									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY Corning	STATE CA	ZIP 96021		Identify the controlling office	eholder, candi	date, or state	measure prop	onent, if any.
		995			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of y	by you or are primari				OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMB	BER							
NAME OF TREASURER	CONTROL			7.	Primarily Formed Candofficeholder(s) or candidate(s)	didate/Offic) for which this	eholder Co committee is p	mmittee Lis orimarily forme	t names of d.
COMMITTEE ADDRESS STREET ADDRESS (NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMB	BER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROL				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	JGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS ((NO P.O. BOX)					***************************************			☐ OPPOSE
CITY STATE	ZIP CODE	AREA COL	DE/PHONE		Atta	ach continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

ummary Page	to whole dollars.	Sta from $\frac{1}{2}$	atement covers period .1.2022	CALIFORNIA 460
E INSTRUCTIONS ON REVERSE		through	h 4.23.2022	Page _3 of _5
ME OF FILER				I.D. NUMBER
ommittee to Elect Matt Hansen Tehama County Supervisor Di	strict 4 - 2022			1441132
ontributions Possivad	Column A	Column B	Calendar Year Sur	nmary for Candidates

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 850	\$\frac{9,120}{0}\$ \$\frac{9,120}{9,120}\$ \$\frac{9,120}{9,120}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made		\$ <u>6,943</u> \$ <u>6,943</u> \$ <u>6,943</u>	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$	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).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

wonetary Contributions Received			from <u>1.1.2022</u>	om 1.1.2022		california 460 form		
SEE INSTRUCTI	ONS ON REVERSE			through 4.23.2022		Page	e 4 of _5	
NAME OF FILER Committee to Elect Matt Hansen Tehama County Supervisor District 4 - 2022						I.D. NUMBER 1441132		
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
3.21.2022	Patty Smith Corning. CA 96021	☑ IND □ COM □ OTH □ PTY □ SCC	Realtor Self By Name Employeed	200	200		200	
3.21.2022	Linda Lucero Corning. CA 96021	☑IND □COM □OTH □PTY □SCC	Retired Retired	100	100		100	
4.20.2022	Stationary Engineers Local 39 San Francisco, CA 94103	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500		500	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL S	\$ 800				
1. Amount re (Include al	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)				INE CO OTI PT'	other) H – Other Y – Politic	ual ient Committee than PTY or SCC) (e.g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) TOTAL \$ 85			FPF	PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)	

Cabadula E	A manufa many ba may adad			
Schedule E	Amounts may be rounded	Statement		
Payments Made	to whole dollars.			
rayments made		1.1.2022		
		from		

	SCHEDULE L
Statement covers period	CALIFORNIA 460
$from \underline{\frac{1.1.2022}{}}$	FORM 400
through 4.23.2022	Page of
	I.D. NUMBER
	1441132

SCHEDIIIEE

Committee to Elect Matt Hansen Tehama County Supervisor District 4 - 2022

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 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 independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor 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 C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tehama County Elections PO Box 250, Red Bluff, CA 96080	FIL	Filining & Ballot Fees	1,139
Walker Printing Red Bluff, CA 96080	СМР	Printing	187
Zelmas ed Bluff, CA 96080	СМР	Brochures, Buttons, Yard Signs	4,382

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 5,708

Schedule E Summary

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1.	Itemized payments made this period. (Include all Schedule E subtotals.)	\$_	5,708
	Unitemized payments made this period of under \$100		01
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$_	
4.	Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$	5,789

Recipient Committee				COVER PAGE
Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page				FORM
_	Statement covers nevied	Data of alcotion if any live like	ACT CONTROL OF THE CO	/Page _1 of _4
	Statement covers period from 4.24.2022	Date of election if applicable: (Month, Day, Year)	JUN 2 2 2022	For Official Use Only
EE INSTRUCTIONS ON REVERSE	through <u>5.21.2022</u>	6.7.2022	LTO Elections	To the second se
. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b 1st Preelection Statement Preelection Statement	nt Gua t Termination)	rterly Statement cial Odd-Year Report ge Amended on 2nd
). Commutee information	D. NUMBER 441132	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	771132	NAME OF TREASURER		
Committee to Elect Matt Hansen Tehama County Su	pervisor District 4 - 2022	Kenn Rieders		
,	F • • • • • • • • • • • • • • • • • • •	MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	
CITY STATE ZIP CO	DE AREA CODE/PHONE	Red Bluff NAME OF ASSISTANT TREASUR	CA 960	80
		NAME OF ASSISTANT TREASOF	VEIX, II AINT	
Red Bluff CA 9608 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	····	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
Red Bluff CA 9608	0			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
matthansentcdistrict4@gmail.com		noodledude@att.net		
. Verification				
I have used all reasonable diligence in preparing and reviewi		knowledge the information contained	d herein and in the attached sc	hedules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the fo			
Executed on 22 June 2022	Æ			
Executed on 22 June 2022				
Executed on Date	∏ (Signature of Con	ntrolling Opicenolder, Candidate, State Measure Pi	roponent or Responsible Officer of Spons	sor
Executed on	Ву	\mathcal{U}_{-}		
Date	<i></i>	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFOR FORM	NIA 460
Page 2	of <u>4</u>

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Matt Hansen						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR Tehama County Supervisor District 4	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	Corning CA 96021		Identify the controlling office			ponent, if any.
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand			OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s)	idate/Offic	eholder Committee is committee is primarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	J YES NO		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZIP C			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HEL	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE? YES NO BOX)		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attad	ch continuati	on sheets if necessary	

Campaign Disclosure Statement

Amounts may be rounded to whole dollars

SUMMARY PAGE

Summary Page		to whole dollars.		State from $\frac{4.24}{2}$	ment covers period	CALIFOR FORM	CALIFORNIA 46	
SEE INSTRUCTIONS ON REVERSE				through _	5.21.2022	Page 3	of	4
NAME OF FILER						I.D. NUMBER	₹	
Committee to Elect Matt Hansen Tehama County Supervis	sor District 4 - 2022					1441132		
Contributions Received	(FRO	Column A TOTAL THIS PERIOD OM ATTACHED SCHEDULES)	Column CALENDAR Y TOTAL TO D	EAR	Calendar Year Su Running in Both t	he State Pri		
1. Monetary Contributions	hedule A, Line 3 \$	250	\$ 9,870		General Elections	through 6/30	7/1 to	Date

1. Monetary Contributions	* 250 \$ 250 \$ 250	\$ 9,870 \$ 9,870 \$ 9,870	Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$
Expenditures Made 6. Payments Made		\$ 6,943	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) /\$
Current Cash Statement 12. Beginning Cash Balance		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).	*Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents			FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Statement covers period

Monetary	y Contributions Received		whole dollars.	Statement covers period from 4.24.2022		CALIFORNIA 460	
SEE INSTRUCTI	IONS ON REVERSE			through	22	Page	$\frac{4}{0000000000000000000000000000000000$
NAME OF FILER Committee	R to Elect Matt Hansen Tehama County Supervisor District	4 - 2022				I.D. NU 144113	JMBER 32
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)
5.10.2022	Barbara McIver Red Bluff, CA 96080	☑IND □COM □OTH □PTY □SCC	Retired Retired	100	100		100
5.10.2022	Jenny Alexander Red Bluff, CA 96080	☑ IND □ COM □ OTH □ PTY □ SCC	Bookkeeper Self-Employed	100	100		100
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL	\$ 200			
1. Amount re (Include a	A Summary ecceived this period – itemized monetary contributions all Schedule A subtotals.)ecceived this period – unitemized monetary contribution		·		IND - COM OTH PTY	(other – Other – Politica	ient Committee than PTY or SCC) (e.g., business entity)
3. Total mon (Add Line	netary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.) TOTAL \$ 25		FPPC Advice: advi		C Form 460 (Jan/2016)) .ca.gov (866/275-3772)

Statement of C Recipient Com				Date Stamp	CALIFORNIA 410
Statement Type	☐ Initial	Amandan and	7 T		FORM 4 I U
rationic Type	Not yet qualified or	☐ Amendment	▼ Termination – See Part 5		For Official Use Only
	O Date qualification thres	hold met Date qualification threshold me		JUN 2 2 2022 TO Elections	The second secon
	//	//	6 / 22 / 2022	,	1
	e Information I.D.	Number 1441132	2. Treasurer and	Other Principal Officer	
NAME OF COMMITTEE			NAME OF TREASURER		
Committee to El	lect Matt Hansen Teham	a County Supervisor District 4 - 202	2 Kenn Rieders		
			STREET ADDRESS (NO P.O. BOX)		
STREET ADDRESS (NO P.O	. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
			Red Bluff	CA	96080
CITY Red Bluff	state CA	zip code area code/phone 96080 530 414 324		R, IF ANY	<u> </u>
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
R	Red Bluff, CA 96080				
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE AREA CODE/PHONE
	strict4@gmail.com				
COUNTY OF DOMICILE		WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)	
Tehama	Tehama	County District 4	Matt Hansen		
			STREET ADDRESS (NO P.O. BOX)		
			5545 Rachelle Way	STATE	ZIP CODE AREA CODE/PHONE
Attach additiona	ıl information on approp	riately labeled continuation sheets.	Corning	CA	96021
			Corning	CA	90021
3. Verificatio	n				
		enaring this statement and to the b	ast of my knowledge the informa	etion contained herein is true	and complete. I certify under
	ry under the laws of the	•			
Executed on22	June 2022 B	y			
22	June 2022		,		
Executed on	DATE B	·		URE PROPONENT	
Evacuted on	_			ONE PROPONENT	
Executed on	DATE B	SIGNATURE OF CO	NTROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
Executed on	В	у			
	DATE	SIGNATURE OF CO	NTROLLING OFFICEHOLDER, CANDIDATE, OR STATE	E MEASURE PROPONENT	

FPPC Form 410 (August/2018)
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				I.D. NUMBER	
Committee to Elect Matt Hansen Tehama County Supervisor District	: 4 - 2022			1441132	
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER			
Tri Counties Bank	530 529 7080				
ADDRESS	СІТУ	STATE ZI	P CODE		
727 S Main St	Red Bluff	CA	96080		
4. Type of Committee Complete the applicable sections.					
Controlled Committee					
List the name of each controlling officeholder candidate or state r	measure proponent. If candid	ate 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	PAR [*] CHECK			
Matt Hansen	Tehama	County Supervisor District 4	2022	Nonpartisan	Partisan	(list political part	ty below)
				Nonpartisan	Partisan	(list political part	ty below)
Primarily Formed Committee Primarily formed to support or of CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		cific candidates or measures in a single el CANDIDATE(S) OFFICE SOUGHT OR H (INCLUDE DISTRICT NO., CITY	ELD OR MEASU	RE(S) JURISDICTI	ON	CHECK	ONE
II A RECALL, STATE RECALL INTION OF THE OFFICE HOLDER'S WANTE.		(INCESSE SISTINCT NO., CITT		ATTECAULT		SUPPORT	OPPOSE
						SUPPORT	OPPOSE

FLECTIVE OFFICE SOUGHT OR HELD

YEAR OF

Statement of Organization

CALIFORNIA AAA

Recipient Committee	e			FORM 410
INSTRUCTIONS ON REVERSE				Page 3
COMMITTEE NAME				I.D. NUMBER
Committee to Elect Matt Ha	ansen Tehama County Superviso	r District 4 - 2022		1441132
4. Type of Committ	ee (Continued)			
General Purpose Committe	Not formed to support or CITY Committee	oppose specific candidates or measures in COUNTY Committee	n a single election. Check only one	e box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	TY			
Sponsored Committee	List additional sponsors on an a	ttachment.		
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION	OF SPONSOR	
STREET ADDRESS NO. AN	ND STREET	CITY	STATE ZIP COD	E AREA CODE/PHONE
Small Contributor Committe	e			
				
5. Termination Reg	Date qualified Lirements By signing the verific	ation, the treasurer, assistant treasurer and/or cano	lidate officeholder or popent 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.

CALIFORNIA 460

Date Stamp

Recipient Committee Campaign Statement Cover Page

oover rage			The state of the s	
	Statement covers period from 5.22.2022	Date of election if applicable: (Month, Day, Year)	JUN 2 2 2022 For G	of 5 Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>6.30.2022</u>	6.7.2022	LIO Elections	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☑ Semi-annual Statement ☑ Termination Statement (Also file a Form 410 Ter ☐ Amendment (Explain be	rmination)	
5. Committee information	D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1441132	NAME OF TREASURER		- MOSA - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Committee to Elect Matt Hansen Tehama County S	upervisor District 4 - 2022	Kenn Rieders MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
		Red Bluff	CA 96080	
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY	
Red Bluff CA 960 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	80	MAIL ING APPRESS		# (P.
PO Box 8082		MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
Red Bluff CA 960	80			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
matthansentcdistrict4@gmail.com		noodledude@att.net		
I. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State o Executed on 22 June 2022 Executed on 22 June 2022 Date Date	f California that the foregoing is true and	Signature of Treasurer or Assistant T	Treasurer	∋ and complete. I
Executed onDate	Bv.	trolling Offideholder, Candidate, State Measure Proj Signature of Controlling Officeholder, Candidate, St		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent	4001: 100-5

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Con	nmittee		6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	PIART WAS ARREST OF THE PIART O			NAME OF BALLOT MEASURE				
Matt Hansen								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPL	ICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	T	SUPPORT
Tehama County Supervisor District 4								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STAT Corning CA			Identify the controlling office	holder, candi	date, or state	measure prop	onent, if any.
				NAME OF OFFICEHOLDER, CAI	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your c	ı or are primarily formed			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER					• 74		
NAME OF TREASURER	CONTROLLED COM		7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Co committee is	ommittee Lis primarily forme	t names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
	P CODE AREA C	CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)							☐ OPPOSE
CITY STATE ZI	P CODE AREA C	CODE/PHONE		Atta	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

		Statement covers period from 5.22.2022	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through <u>6.30.2022</u>	Page _3 of _5	
Committee to Elect Matt Hansen Tehama County Supervisor District 4 -	2022			1441132	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR TOTAL TO D	VEAD CALCULAR TOUR OUT	mmary for Candidates the State Primary and	
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		\$\frac{9,370}{0}\$ \$\frac{9,370}{\$9,370}\$	20. Contributions Received \$	through 6/30 7/1 to Date \$\$	
Expenditures Made 6. Payments Made	\$ 2,927	\$ 9,370	Expenditure Limit Candidates	t Summary for State	
8. SUBTOTAL CASH PAYMENTS	\$ 2,927	\$ 9,370	(If Subject	ative Expenditures Made* to Voluntary Expenditure Limit) Total to Date	
10. Nonmonetary Adjustment	\$ 2,927	\$ 9,370	(mm/dd/yy)	 \$	
Current Cash Statement 12. Beginning Cash Balance	\$\ \frac{2,927}{0} \\ \frac{2,927}{0} \\ \frac{2,927}{0} \\ \frac{3}{0} \\ \frac{2,927}{0} \\ \frac{3}{0} \\ \f	To calculate Coluladd amounts in CA to the correspon amounts from Co of your last report amounts in Colun be negative figure should be subtract previous period a this is the first rep filed for this calen only carry over the from Lines 2, 7, a any).	*Amounts in this section reported in Column B. *Amounts in this section reported in Column B.	m may be different from amounts	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Advice: a	FPPC Form 460 (Jan/2016)) dvice@fppc.ca.gov (866/275-3772)	

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from $\frac{5.22.2022}{}$	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Matt Hansen Tehama County Supervisor D	istrict 4 - 2022	through <u>6.30.2022</u>	Page of I.D. NUMBER 1441132
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations F L candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and prod TRC candidate travel, lodging, and Staff/spouse travel	uction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE	CODE OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
Rick Jones Corning, CA 96021	SAL	Sign Coordinator	500
Karen Jones Corning, CA 96021	SAL	Canvassing	500
Zelmas Red Bluff, CA 96080	СМР	Brochures, Buttons, Yard Signs	430

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

SUBTOTAL \$ 1,430

Schedule E
(Continuation Sheet)
Payments Made

CMP campaign paraphernalia/misc.

CNS campaign consultants

Amounts may be rounded

MBR member communications

MTG meetings and appearances

RAD radio airtime and production costs

RFD returned contributions

(Continuation Sheet) Payments Made	to whole dollars.	Statement covers period from	CALIFORNI FORM	^A 460	
SEE INSTRUCTIONS ON REVERSE		through <u>6.30.2022</u>	Page5	of	
NAME OF FILER			I.D. NUMBER	70 10 10 10 10 10 10 10 10 10 10 10 10 10	
Committee to Elect Matt Hansen Tehama County Supervisor District 4 - 2022				1441132	
CODES: If one of the following codes accura	ately describes the payment, you may enter the coo	de. Otherwise, describe the payment			

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 independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Michelle Hickok SAL Multimedia Coordinator 500 Red Bluff, CA 96080 Kenn Rieders SAL Treasurer 500 Red Bluff, CA 96080 Los Mariachis MTG Committee Metting 182 Red Bluff, CA 96080 Matt Hansen TRC Travel Mileage 290 Corning CA 96021

SUBTOTAL \$ 1,472

 $[^]st$ Payments that are contributions or independent expenditures must also be summarized on Schedule D.