

Statement of Organization Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp

CALIFORNIA FORM 410

SENTRY COUNTY CLERK

JAN 09 2024

BY: [REDACTED] DEPUTY

1. Committee Information		I.D. Number 1465744 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Glenn County Farmers PAC		NAME OF TREASURER Lawrence W. Miles, Jr.		STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
STREET ADDRESS (NO P.O. BOX)		EMAIL ADDRESS OF TREASURER (REQUIRED)		[REDACTED]		Sacramento	CA.	95821
CITY		STATE	ZIP CODE	AREA CODE/PHONE		larry@milesfirm.com		
Sacramento		CA.	95821	916-973-9674		NAME OF ASSISTANT TREASURER, IF ANY		
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
larry@milesfirm.com		Rod Worthington		[REDACTED]		Orland	CA.	95963
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE		
Sacramento	Glenn County, California			captcrw@yahoo.com		530-321-9707		
<i>Attach additional information on appropriately labeled continuation sheets.</i>								

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.

1/6/2024

DocuSigned by:
[REDACTED]

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

CONTINUATION PAGE FOR "2. CONTROLLING OFFICERS"

Nick Worthington


Orland, CA. 95963

Email: NickWorthington2003@gmail.com

Phone: 530-519-8152

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COMMITTEE NAME Glenn County Farmers PAC	I.D. NUMBER 1465744
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Bank of America; Lawrence W. Miles, Jr., Treasurer	AREA CODE/PHONE 916-849-4273	BANK ACCOUNT NUMBER To be obtained upon qualification.	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Sacramento	STATE CA.	ZIP CODE 95825

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	(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

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COMMITTEE NAME

Glenn County Farmers PAC

I.D. NUMBER
1465744

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

Support political candidates and elected officials who support sound and reasonable agricultural policies in Glenn County, California.

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 ponent 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.