

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

|  |  |
|--|--|
| Date Stamp<br><b>RECEIVED</b><br><br>JAN 27 2025<br><br>BY: <i>[Signature]</i> | <b>CALIFORNIA FORM 460</b>                         |
|  | Page <u>1</u> of <u>7</u><br>For Official Use Only |

AMENDED.

**Statement covers period**  
from 07/01/2024  
  
through 09/30/2024

**Date of election if applicable:**  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.**

- |   |  |
|---|--|
| Officeholder, Candidate Controlled Committee<br>State Candidate Election Committee<br>Recall<br><i>(Also Complete Part 5)</i> | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input checked="" type="checkbox"/> Controlled Sponsored<br><i>(Also Complete Part 6)</i> |
| General Purpose Committee<br>Sponsored<br>Small Contributor Committee<br>Political Party/Central Committee                    | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination Amendment (Explain below)) | <input checked="" type="checkbox"/> Quarterly Statement<br>Special Odd-Year Report |
|--|--|

**3. Committee Information**

I.D. NUMBER  
1460827

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Voters for Farmland

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Modesto CA 95351

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 94

CITY STATE ZIP CODE AREA CODE/PHONE

Ceres CA 95307

OPTIONAL: FAX / E-MAIL ADDRESS

votersforfarmland@gmail.com

**Treasurer(s)**

NAME OF TREASURER

Scott Chance Carrico

MAILING ADDRESS

PO Box 94

CITY STATE ZIP CODE AREA CODE/PHONE

Ceres CA 95307

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**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 foregoing is true and correct.

Executed on 2025-01-25  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Scott Chance Carrico Amended.  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Amended.

Page 2 of 7

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |                       |
|-------------------|-----------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|                   | YES NO                |

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |                       |
|-------------------|-----------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|                   | YES NO                |

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

Voter approval required to allow development of urban uses on agricultural c

|                      |                |  |
|----------------------|----------------|--|
| BALLOT NO. OR LETTER | JURISDICTION   | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| To be determined     | Riverbank City |  |

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |                   |
|-----------------------------------|-----------------------|-------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT<br>OPPOSE |
|-----------------------------------|-----------------------|-------------------|

|                                   |                       |                   |
|-----------------------------------|-----------------------|-------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT<br>OPPOSE |
|-----------------------------------|-----------------------|-------------------|

|                                   |                       |                   |
|-----------------------------------|-----------------------|-------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT<br>OPPOSE |
|-----------------------------------|-----------------------|-------------------|

|                                   |                       |                   |
|-----------------------------------|-----------------------|-------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT<br>OPPOSE |
|-----------------------------------|-----------------------|-------------------|

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Amended.

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>07/01/2024</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>09/30/2024</u>                         |                                |
| Page <u>3</u> of <u>7</u>                         |                                |
| I.D. NUMBER<br><u>1460827</u>                     |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Voters for Farmland

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i>    | \$ <u>9,884</u>  | \$ <u>41,034</u>                           |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | <u>none</u>  | <u>5,000</u>                               |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ <u>9,884</u>  | \$ <u>46,034</u>                           |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | <u>none</u>  | <u>182</u>                                 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>9,884</u>  | \$ <u>46,216</u>                           |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                   | \$ <u>18,116</u>   | \$ <u>39,320</u>                           |
| 7. Loans Made..... <i>Schedule H, Line 3</i>                      | <u>none</u>  | <u>none</u>                                |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>             | \$ <u>18,116</u>   | \$ <u>39,320</u>                           |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>none</u>  | <u>net 0</u>                               |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>         | <u>none</u>  | <u>none</u>                                |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>18,116</u>   | \$ <u>39,320</u>                           |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                  |
|---|------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>             | \$ <u>17,267</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i>                              | <u>9,884</u>     |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>                | <u>none</u>      |
| 15. Cash Payments..... <i>Column A, Line 8 above</i>                              | <u>18,116</u>    |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>9,035</u>  |

*If this is a termination statement, Line 16 must be zero.*

|   |                |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>none</u> |
|---|----------------|

**Cash Equivalents and Outstanding Debts**

|   |                |
|---|----------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i>            | \$ <u>none</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>none</u> |

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.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2024</u><br>through <u>09/30/2024</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>7</u>  |

Amended.

SEE INSTRUCTIONS ON REVERSE

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Voters for Farmland</b> | I.D. NUMBER<br><b>1460827</b> |
|---|-------------------------------|

| DATE RECEIVED            | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------------|---|-----------------------------------|---|-----------------------------|--|---------------------------------------|
| 2024-7-06                | Jan W Pritchard, [REDACTED]   | ✓ IND<br>COM<br>OTH<br>PTY<br>SCC | Retired   | 250                         | 250  |                                       |
| 2024-7-06                | Gisele F Pritchard, 6867 Zorillo Dr, Diamond Springs, CA [REDACTED]                             | ✓ IND<br>COM<br>OTH<br>PTY<br>SCC | Retired   | 250                         | 250  |                                       |
| 2024-7-12                | Garrad Marsh, [REDACTED]  | ✓ IND<br>COM<br>OTH<br>PTY<br>SCC | Owner, McHenry Bowl   | 5,000                       | 5,000  |                                       |
| 2024-7-15                | Stephen Kremer, [REDACTED]  | ✓ IND<br>COM<br>OTH<br>PTY<br>SCC | PMZ Realty agent  | 500                         | 500  |                                       |
| 2024-7-19                | John Ferrari, PO Box 76, Ballico CA 95303   | ✓ IND<br>COM<br>OTH<br>PTY<br>SCC | Owner, Farmland Management Co.  | 2,000                       | 2,000  |                                       |
| <b>SUBTOTAL \$ 8,000</b> |   |                                   |   |                             |  |                                       |

**Schedule A Summary**

|  |                       |
|--|-----------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$ 9,200              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$ 694                |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | <b>TOTAL \$ 9,894</b> |

\*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**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Amended.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2024</u><br>through <u>09/30/2024</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>5</u> of <u>7</u>  |
| NAME OF FILER<br><b>Voters for Farmland</b>                                    |                            |
| I.D. NUMBER<br><b>1460827</b>  |                            |

| DATE RECEIVED            | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------------|---|-----------------------------------|--|-----------------------------|---|------------------------------------|
| 2024-8-12                | River Bluff Ranch LLC, [REDACTED]   | IND<br>COM<br>✓ OTH<br>PTY<br>SCC |  | 1,000                       | 1,000   |                                    |
| 2024-8-20                | Richard Holmer, [REDACTED]  | ✓ IND<br>COM<br>OTH<br>PTY<br>SCC | Retired  | 100                         | 100   |                                    |
| 2024-8-28                | Margaret Cousins, [REDACTED]  | ✓ IND<br>COM<br>OTH<br>PTY<br>SCC | Semi-retired lawyer (self-employed)  | 100                         | 100   |                                    |
|                          |   | IND<br>COM<br>OTH<br>PTY<br>SCC   |  |                             |   |                                    |
|                          |   | IND<br>COM<br>OTH<br>PTY<br>SCC   |  |                             |   |                                    |
| <b>SUBTOTAL \$ 1,200</b> |   |                                   |  |                             |   |                                    |

\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Amended.

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2024</u><br>through <u>09/30/2024</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>6</u> of <u>7</u>      |
| I.D. NUMBER<br>1460827   |                                |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Voters for Farmland

**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                   |
| IND 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Olson Petition Management, LLC, 808 N. Irwin Street, Suite C, Hanford, CA 93230 | PET     |                        | 16,620      |
| McClatchy, 1601 Alhambra Blvd., Suite 100, Sacramento, CA 95816                 | PRT     |                        | 702.63      |
| Professional Print and Mail Inc, 2818 F Hamilton Ave., Fresno, CA 93721         | OFC     |                        | 537.09      |

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

**SUBTOTAL \$ 17,859.72**

**Schedule E Summary**

|   |                           |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....  | \$ 18,115.56              |
| 2. Unitemized payments made this period of under \$100.....   | \$ 0                      |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....                   | \$ 0                      |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | <b>TOTAL \$ 18,115.56</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Amended.

Statement covers period  
from 07/01/2024  
through 09/30/2024

CALIFORNIA  
FORM **460**

Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Voters for Farmland

I.D. NUMBER

1460827

**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                   |
| IND | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Meta Platforms (Facebook), 1601 Willow Rd., Menlo Park, CA 94025      | WEB  |    |                        | 225.99      |
| WestAmerica Bank, 901 North Carpenter Rd., Ste. 90, Modesto, CA 95351 |      |    | Bank fees              | 29.85       |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$ 255.84**