

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp RECEIVED JAN 27 2025 BY: <i>[Signature]</i>	CALIFORNIA FORM 460
	Page <u>1</u> of <u>4</u> For Official Use Only

Statement covers period
 from 10/01/2024
 through 12/31/2024

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

2. Type of Statement:

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

By Scott Chance Carrico
 Signature of Treasurer or Assistant Treasurer

Executed on _____
 Date

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

Executed on _____
 Date

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
 Date

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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 <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 PROONENT

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 OPPOSE
-----------------------------------	-----------------------	-------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
-----------------------------------	-----------------------	-------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
-----------------------------------	-----------------------	-------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
-----------------------------------	-----------------------	-------------------

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/01/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>1460827</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Voters for Farmland

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>0</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>0</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>0</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>80</u>	\$ <u>39,400</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>80</u>	\$ <u>39,400</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>80</u>	\$ <u>39,400</u>

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>9,035</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>0</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>80</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>8,955</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.

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

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2* \$ none

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>

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/01/2024	
through	12/31/2024	Page 4 of 4
NAME OF FILER		I.D. NUMBER
Voters for Farmland		1460827

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Secretary of State, Political Reform Division, 1500 11th Street, Room 495, Sacramento, CA 95814		Annual filing fee 2025	50
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 \$ 79.85

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 79.85
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.)	TOTAL \$ 79.85