

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 1/1/2024  
through 6/30/2024

Date of election if applicable:  
(Month, Day, Year)  
11/5/2024

Date Stamp  
**RECEIVED**

AUG 07 2024

CITY OF ARCATA  
CITY MANAGER'S OFFICE

CALIFORNIA FORM **460**

Page 1 of 7

For Official Use Only

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

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
(Also Complete Part 5)

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
(Also Complete Part 6)

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**3. Committee Information**

ID NUMBER  
1467909

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

Genevieve Serna for Arcata City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY Arcata STATE CA ZIP CODE 95521 AREA CODE/PHONE ██████████

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

PO Box ██████████ CITY Arcata STATE CA ZIP CODE 95518 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 8/5/24 Date 8/5/24

By JK  
Signature of Treasurer or Assistant Treasurer

Executed on 8/5/24 Date 8/5/24

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

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

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

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

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

FPPC Form 460 (Jan/2016))

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866-275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

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

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

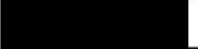
NAME OF OFFICEHOLDER OR CANDIDATE

Genevieve Serna

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

Arcata City Council

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

 Arcata CA 95521

**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) | AREA CODE/PHONE |
|-------------------|------------------------------|-----------------|

|      |       |          |                 |
|------|-------|----------|-----------------|
| 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) | AREA CODE/PHONE |
|-------------------|------------------------------|-----------------|

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

|                       |                     |
|-----------------------|---------------------|
| 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>1/1/2024</u> | CALIFORNIA<br>FORM <b>460</b> |
| through <u>6/30/2024</u>                        | Page <u>3</u> of <u>7</u>     |
| I.D. NUMBER<br><u>1467909</u>                   |                               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Serna for Arcata City Council 2024

**Contributions Received**

|                                 |                           | <b>Column A</b><br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | <b>Column B</b><br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|---------------------------|---|---|
| 1. Monetary Contributions       | <i>Schedule A, Line 3</i> | \$ <u>1,573.00</u>  | \$ <u>1,573.00</u>                                |
| 2. Loans Received               | <i>Schedule B, Line 3</i> | \$ <u>50.00</u>   | \$ <u>50.00</u>                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | <i>Add Lines 1 + 2</i>    | \$ <u>1,623.00</u>  | \$ <u>1,623.00</u>                                |
| 4. Nonmonetary Contributions    | <i>Schedule C, Line 3</i> | \$ <u>0</u>   | \$ <u>0</u>                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED | <i>Add Lines 3 + 4</i>    | \$ <u>1,623.00</u>  | \$ <u>1,623.00</u>                                |

**Expenditures Made**

|                                    |                             |                  |                  |
|------------------------------------|-----------------------------|------------------|------------------|
| 6. Payments Made                   | <i>Schedule E, Line 4</i>   | \$ <u>691.30</u> | \$ <u>691.30</u> |
| 7. Loans Made                      | <i>Schedule H, Line 3</i>   | \$ <u>0</u>      | \$ <u>0</u>      |
| 8. SUBTOTAL CASH PAYMENTS          | <i>Add Lines 6 + 7</i>      | \$ <u>691.30</u> | \$ <u>691.30</u> |
| 9. Accrued Expenses (Unpaid Bills) | <i>Schedule F, Line 3</i>   | \$ <u>0</u>      | \$ <u>0</u>      |
| 10. Nonmonetary Adjustment         | <i>Schedule C, Line 3</i>   | \$ <u>0</u>      | \$ <u>0</u>      |
| 11. TOTAL EXPENDITURES MADE        | <i>Add Lines 8 + 9 + 10</i> | \$ <u>691.30</u> | \$ <u>691.30</u> |

**Current Cash Statement**

|                                     |  |                    |
|-------------------------------------|--|--------------------|
| 12. Beginning Cash Balance          | <i>Previous Summary Page, Line 16</i>                | \$ <u>0</u>        |
| 13. Cash Receipts                   | <i>Column A, Line 3 above</i>                        | \$ <u>1,623.00</u> |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i>                            | \$ <u>0</u>        |
| 15. Cash Payments                   | <i>Column A, Line 8 above</i>                        | \$ <u>691.30</u>   |
| 16. ENDING CASH BALANCE             | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>931.70</u>   |

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

|                              |                           |             |
|------------------------------|---------------------------|-------------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|------------------------------|---------------------------|-------------|

|                       |  |                 |
|-----------------------|--|-----------------|
| 18. Cash Equivalents  | <i>See instructions on reverse</i>           | \$ <u>0</u>     |
| 19. Outstanding Debts | <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>50.00</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).

**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      | \$ _____    |

**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                               |
| / /                               | \$ _____                                    |
| / /                               | \$ _____                                    |

\*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

**460**

Statement covers period  
from 1/1/2024

through 6/30/2024

CALIFORNIA  
FORM

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Serna for Arcata City Council 2024

I.D. NUMBER  
1467909

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 3/17/2024     | Evelyn Marquez<br>[REDACTED]<br>Clovis, CA 93612  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 100.00                      | 240.00   | 240.00                                |
| 3/20/2024     | Lorraine Miller-Wolf<br>[REDACTED]<br>Bayside, CA 95524   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   | 100.00                                |
| 3/23/2024     | Marilyn Paik Nicely<br>[REDACTED]<br>McKinleyville, CA 95519                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   | 100.00                                |
| 3/23/2024     | Vera Carlson<br>[REDACTED]<br>Eureka, CA 95501  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Regulatory and Legislative Policy Manager, Redwood Coast Energy Authority                     | 100.00                      | 100.00   | 100.00                                |
| 3/24/2024     | Aisha Cervantes-Cissna<br>[REDACTED]<br>Eureka, CA 95501  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Policy Manager, San Diego Community Power   | 99.00                       | 198.00   | 198.00                                |
|               |   |   |   | <b>SUBTOTAL \$ 499.00</b>   |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,238.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 335.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 1,573.00**

\*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.)

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>1/1/2024</u> | CALIFORNIA<br>FORM <b>460</b> |
| through <u>6/30/2024</u>                        | Page <u>5</u> of <u>7</u>     |
| I.D. NUMBER<br><u>1467909</u>                   |                               |

NAME OF FILER:

Genevieve Serna for Arcata City Council 2024

| 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) |
|---------------------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/20/2024                 | Matthew Simmons<br>[REDACTED]<br>Eureka, CA 95501   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Environmental Protection Information Center  | 100.00                      | 100.00  | 100.00                             |
| 5/27/2024                 | Aisha Cervantes-Cissna<br>[REDACTED]<br>Eureka, CA 95501  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Policy Manager, San Diego Community Power  | 99.00                       | 198.00  | 198.00                             |
| 5/29/2024                 | Evelyn Marquez<br>[REDACTED]<br>Clovis, CA 93612  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed   | 140.00                      | 240.00  | 240.00                             |
| 6/2/2024                  | Peter Marquez<br>[REDACTED]<br>Clovis, CA 93612   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 200.00                      | 200.00  | 200.00                             |
| 6/13/2024                 | Christopher Honar<br>[REDACTED]<br>Eureka, CA 95501   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Project Manager, Emerald Pacific   | 100.00                      | 100.00  | 100.00                             |
| <b>SUBTOTAL \$ 639.00</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 B – Part 1**  
**Loans Received**

 Amounts may be rounded  
 to whole dollars.

 Statement covers period  
 from 1/1/2024

 through 6/30/2024

 CALIFORNIA  
 FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Serna for Arcata City Council 2024

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*  | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN  | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE           |
|---|---|---|--|--|---|--|---------------------------------------|---|
| James Kloor<br>[REDACTED]<br>Eureka, CA 95501   | Director of Finance,<br>Humboldt Area<br>Foundation   | 0   | \$ 50.00                                 | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN<br>\$ 0         | \$ 50.00<br>n/a<br>DATE DUE                                 | 0 %<br>RATE<br>\$ 0                    | \$ 50.00<br>2/2/2024<br>DATE INCURRED | CALENDAR YEAR<br>\$ 60.00<br>PER ELECTION**<br>\$ 60.00 |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE  | _____ %<br>RATE<br>\$ _____            | \$ _____<br>DATE INCURRED             | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$ _____  | \$ _____                                 | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE  | _____ %<br>RATE<br>\$ _____            | \$ _____<br>DATE INCURRED             | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$ _____  | \$ _____                                 | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE  | _____ %<br>RATE<br>\$ _____            | \$ _____<br>DATE INCURRED             | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b> \$ 50.00 \$ 0 \$ 50.00 \$ 0  |   |   |  |  |   |  |                                       |   |

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

1. Loans received this period ..... \$ 50.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** \$ 50.00  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

 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
 

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA FORM **460**

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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Serna for Arcata City Council 2024

Statement covers period

from 1/1/2024

through 6/30/2024

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL 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 costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
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 |
|---|------|----|--|-------------|
| Times Printing Co.<br>[REDACTED] Eureka CA 95501                    | CMP  |    |  | 260.39      |
| Genevieve Serna<br>[REDACTED] Arcata CA 95521                       | POL  |    | *Reimbursement for purchase from Humboldt County Registrar of Voters | 167.00      |
|   |      |    |  |             |

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

**SUBTOTAL \$ 427.39**

## Schedule E Summary

|  |                        |
|--|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 427.39              |
| 2. Unitemized payments made this period of under \$100   | \$ 263.91              |
| 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 \$ 691.30</b> |