

**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="checkbox"/> Not yet qualified or	Date qualification threshold met	
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
	Date of termination	
	/ / / /	

Date Stamp

RECEIVED

MAR 13 2024

CITY OF ARCATA
CITY MANAGER'S OFFICE

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

**I.D. Number
(if applicable)**

NAME OF COMMITTEE

Genevieve Serna for Arcata City Council 2024

STREET ADDRESS (NO P.O. BOX)

Ct

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Arcata	CA	95521	[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

PO Box [REDACTED] Arcata, CA 95518

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Humboldt	City of Arcata

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

James Kloor

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Eureka

CA

95501

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

n/a

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

n/a

n/a

n/a

n/a

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

n/a

n/a

NAME OF PRINCIPAL OFFICER(S)

Genevieve Serna

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Ct

Arcata

CA

95521

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

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.

Executed on 3/7/24 By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/10/24 By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (October/2023)

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

www.fppc.ca.gov

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Genevieve Serna for Arcata City Council 2024		I.D. NUMBER
<ul style="list-style-type: none"> • 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 Redwood Capital Bank	AREA CODE/PHONE 707/444-9800	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION 402 G St	CITY Eureka	STATE CA
		ZIP CODE 95501

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	
Genevieve Serna	Arcata City Council	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan [REDACTED]
			Nonpartisan [REDACTED]	Partisan [REDACTED]

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 [REDACTED]	OPPOSE [REDACTED]
		SUPPORT [REDACTED]	OPPOSE [REDACTED]

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COMMITTEE NAME

I.D. NUMBER

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

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, orponent 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.