

**Statement of Organization  
Recipient Committee**

**Statement Type**

☒ **Initial**

☒ **Not yet qualified  
or**

☐ **Date qualification threshold met**

☐ **Amendment**

**Date qualification threshold met**

☐ **Termination – See Part 5**

**Date of termination**

Date Stamp

**RECEIVED**

AUG 07 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

**Re-Elect Alex Stillman to Arcata City Council 2024**

STREET ADDRESS (NO P.O. BOX)

CITY

**Arcata**

STATE

**CA**

ZIP CODE

**95521**

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE

**Humboldt**

JURISDICTION WHERE COMMITTEE IS ACTIVE

**Arcata, CA**

*Attach additional information on appropriately labeled continuation sheets.*

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

**L. Alan Lowry**

STREET ADDRESS (NO P.O. BOX)

CITY

**Arcata**

STATE

**CA**

ZIP CODE

**95521**

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

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 29 Jul 2024 By L. Alan Lowry  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 29 July '24 By Alexandre Stillman  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

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

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INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME

Re-Elect Alex Stillman to Arcata City Council 2024

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Redwood Capital Bank

AREA CODE/PHONE

707-269-4415

BANK ACCOUNT NUMBER

ADDRESS

1315 G St.

CITY

Arcata

STATE

CA

ZIP CODE

95521

**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  
ELECTIONPARTY  
CHECK ONE

Alexandra Stillman	Arcata City Council	2024	Nonpartisan ✓	Partisan	(list political party below)
			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
		SUPPORT	OPPOSE