

**Recipient Committee  
Campaign Statement  
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 7/1/2024  
through 9/21/2024

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

COVER PAGE

Date Stamp  
**RECEIVED**  
SEP 28 2024  
CITY OF ARCATA  
CITY MANAGER'S OFFICE

Page 1 of 7  
For Official Use Only

**CALIFORNIA FORM 460**

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

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

**3. Committee Information**

I.D. 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  
  
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 9/23/24 Date ██████████

By ██████████  
Signature of Treasurer or Assistant Treasurer

Executed on 9/23/24 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

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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
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**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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Serna for Arcata City Council 2024

Statement covers period  
from 7/1/2024  
through 9/21/2024

**CALIFORNIA  
FORM 460**

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I.D. NUMBER  
1467909

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ <u>793.00</u>	\$ <u>2,366.00</u>
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ <u>0.00</u>	\$ <u>50.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ <u>793.00</u>	\$ <u>2,416.00</u>
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ <u>400.00</u>	\$ <u>400.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>1,193.00</u>	\$ <u>2,816.00</u>

**Expenditures Made**

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u>1,223.44</u>	\$ <u>1,914.74</u>
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ <u>1,223.44</u>	\$ <u>1,914.74</u>
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ <u>400.00</u>	\$ <u>400.00</u>
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>1,623.44</u>	\$ <u>2,314.74</u>

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ <u>931.70</u>
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ <u>793.00</u>
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ <u>1,223.44</u>
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>501.26</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>
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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>

**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 (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

**CALIFORNIA 460**  
**FORM**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Serna for Arcata City Council 2024

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (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)
8/4/24	Erin Cantu [REDACTED] Madera, CA 93637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MVR, State of California	240.00	240.00	240.00
9/16/24	Joshua Serna [REDACTED] Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Division Chief / Program Manager, State of California	160.00	160.00	160.00
9/17/24	Building and Construction Trades Council of Humboldt & Del Norte [REDACTED] Eureka CA 95501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC ID 902325	240.00	240.00	240.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$ 640.00</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 640.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 153.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 793.00**

\*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 B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA **460**  
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Serna for Arcata City Council 2024

Statement covers period  
from 7/1/2024

through 9/21/2024

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I.D. NUMBER

1467909

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
James Kloor [REDACTED] Eureka, CA 95501	Director of Finance & Admin, Humboldt Area Foundation	\$ <u>50.00</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>50.00</u> 12/31/24 DATE DUE	0 % RATE	\$ <u>50.00</u> 2/2/2024 DATE INCURRED	\$ <u>50.00</u> CALENDAR YEAR PER ELECTION** \$ <u>50.00</u>
† <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 \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ % RATE	\$ _____ DATE INCURRED	\$ _____ CALENDAR YEAR PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ % RATE	\$ _____ DATE INCURRED	\$ _____ CALENDAR YEAR PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ % RATE	\$ _____ DATE INCURRED	\$ _____ CALENDAR YEAR PER ELECTION** \$ _____
<b>SUBTOTALS</b> \$ <u>0</u> \$ <u>0</u> \$ <u>50.00</u> \$ <u>0</u>								

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

### Schedule B Summary

1. Loans received this period ..... \$ 0  
(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** \$ 0  
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 C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

CALIFORNIA **460**  
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Serna for Arcata City Council 2024

Statement covers period  
from **7/1/2024**

through **9/21/2024**

I.D. NUMBER

1467909

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/24/24	Genevieve Serna [REDACTED] Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Analyst, County of Humboldt	(3) 2x5 color ads in Mad River Union	400.00	400.00	400.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 400.00**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ **400.00**
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ **0**
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$ 400.00**

\*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 E**  
**Payments Made**

 Amounts may be rounded  
 to whole dollars.

**CALIFORNIA FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Serna for Arcata City Council 2024

 Statement covers period  
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**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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Genevieve Serna [REDACTED] Arcata, CA 95521	FIL		Reimb. Candidate Statement Fee	810.00
Genevieve Serna [REDACTED] Arcata, CA 95521	LIT		Reimb. Yard Signs Purchase	332.32

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

**SUBTOTAL \$ 1,142.32**
**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 1,142.32
2. Unitemized payments made this period of under \$100 ..... \$ 81.12
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 \$ 1,223.44**