

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial  
 Not yet qualified  
 Date qualification threshold met

Amendment

Termination – See Part 5

Date qualification threshold met  
8 / 23 / 2024

Date of termination  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Stamp

**RECEIVED**

OCT 31 2024

CITY OF ARCATA  
CITY MANAGER'S OFFICE

**CALIFORNIA  
FORM**

**410**

For Official Use Only

<b>1. Committee Information</b>		<b>I.D. Number (if applicable)</b>	<b>2. Treasurer and Other Principal Officers</b>					
NAME OF COMMITTEE  Re-Elect Alex Stillman to Arcata City Council 2024		NAME OF TREASURER  L. Alan Lowry						
STREET ADDRESS (NO P.O. BOX)  [REDACTED]		STREET ADDRESS (NO P.O. BOX)  [REDACTED]						
CITY Arcata	STATE CA	ZIP CODE 95521	AREA CODE/PHONE [REDACTED]	CITY Arcata	STATE CA	ZIP CODE 95521	AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY						
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  [REDACTED]		STREET ADDRESS (NO P.O. BOX)						
COUNTY OF DOMICILE Humboldt	JURISDICTION WHERE COMMITTEE IS ACTIVE Arcata, CA		NAME OF PRINCIPAL OFFICER(S)					
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)						
CITY		STATE				ZIP CODE		AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.								

**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 10/31/2024 By L. Alan Lowry  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/31/2024 By Alexandra Stillman  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO

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

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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME Re-Elect Alex Stillman to Arcata City Council 2024		I.D. NUMBER 1472992
<ul style="list-style-type: none"> <li><b>All committees must list the financial institution where the campaign bank account is located.</b></li> </ul>		
NAME OF FINANCIAL INSTITUTION Redwood Capital Bank	AREA CODE/PHONE 707-269-4415	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1315 G St.	CITY Arcata	STATE CA ZIP CODE 95521
<b>4. Type of Committee</b> 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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Alexandra Stillman	Arcata City Council	2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE