

Statement of Organization**Recipient Committee****Statement Type**

Initial
 Not yet qualified
 Date qualification threshold met

 Amendment Termination – See Part 5

Date Stamp

CALIFORNIA

410

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NOV 06 2024

CITY OF ALCATA
CITY MANAGER'S OFFICE**1. Committee Information****I.D. Number**
(if applicable)

1470086

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Dina Macdonald

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Arcata

CA

95521

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

[REDACTED]

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

N/A

[REDACTED]

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Stacy Atkins-Salazar

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Arcata

CA

95521

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

[REDACTED]

*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 Dina Macdonald

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/31/2024 By [Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on By

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FPPC Form 410 (October/2023)

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