

**Statement of Organization  
Recipient Committee**

**Statement Type**

☐ Initial

☐ Not yet qualified  
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

9 / 11 / 2024

☐ Termination – See Part 5

Date of termination

Date Stamp

RECEIVED

NOV 06 2024

CITY OF ARCATA  
CITY MANAGER'S OFFICE

CALIFORNIA  
FORM

410

For Official Use Only

<b>1. Committee Information</b>		<b>I.D. Number</b> 1470086 <small>(if applicable)</small>		<b>2. Treasurer and Other Principal Officers</b>			
NAME OF COMMITTEE <b>Stacy Atkins-Salazar for Arcata City Council 2024</b>				NAME OF TREASURER <b>Dina Macdonald</b>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY <b>Arcata</b>		STATE <b>CA</b>	ZIP CODE <b>95521</b>
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]				EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	
CITY <b>Arcata</b>				STATE <b>CA</b>		ZIP CODE <b>95521</b>	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY <b>N/A</b>			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>N/A</b>	STATE <b>N/A</b>
COUNTY OF DOMICILE <b>Humboldt</b>				JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Arcata</b>		ZIP CODE <b>95521</b>	AREA CODE/PHONE [REDACTED]
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) <b>Stacy Atkins-Salazar</b>			
				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>Arcata</b>	STATE <b>CA</b>
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	
<b>3. Verification</b>							

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	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	10/31/2024	By	
	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