

**Recipient Committee  
Campaign Statement  
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>7/1/2024</u>	Date of election if applicable: (Month, Day, Year)
through <u>12/18/2024</u>	<u>11-5-24</u>

COVER PAGE

Date Stamp

**RECEIVED**

JAN 14 2025

CITY OF ARCATA  
CITY MANAGER'S OFFICE

CALIFORNIA FORM **460**

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For Official Use Only

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

<input type="checkbox"/> Officeholder, Candidate Controlled Committee	<input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee
<input checked="" type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled
Recall	<input type="checkbox"/> Sponsored
(Also Complete Part 5)	(Also Complete Part 6)
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<input type="checkbox"/> Sponsored	(Also Complete Part 7)
<input type="checkbox"/> Small Contributor Committee	
<input type="checkbox"/> Political Party/Central Committee	

**2. Type of Statement:**

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement	
(Also file a Form 410 Termination)	
<input checked="" type="checkbox"/> Amendment (Explain below)	

various corrections as requested

**3. Committee Information**

I.D. NUMBER  
1474885

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Vote Yes on Measure H Arcata

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 ██████████ STATE ██████████ ZIP CODE ██████████ AREA CODE/PHONE ██████████

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Alan Lowry

MAILING ADDRESS

CITY ██████████ STATE ██████████ ZIP CODE ██████████ AREA CODE/PHONE ██████████  
Arcata CA 95521 ██████████

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY ██████████ STATE ██████████ ZIP CODE ██████████ 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 14 Jan 2025  
Date ██████████

By ██████████

Executed on 14 Jan 2025  
Date ██████████

By ██████████

Executed on \_\_\_\_\_  
Date \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**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
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NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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)	AREA CODE/PHONE
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

Measure H, City of Arcata Sales Tax Measure

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
H	City of Arcata	

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOINTER

Alexandra Stillman

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
Arcata City Council	

**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

Vote Yes on Measure H Arcata

Statement covers period  
from 7/1/2024  
through 12/18/2024

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I.D. NUMBER  
147885

**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>100</u>	\$ <u>100</u>
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ <u>100</u>	\$ <u>100</u>
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ <u>723</u>	\$ <u>723</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>823</u>	\$ <u>823</u>

**Expenditures Made**

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u>100</u>	\$ <u>100</u>
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ <u>100</u>	\$ <u>100</u>
9. Accrued Expenses (Unpaid Bills) .....	<i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ <u>723</u>	\$ <u>723</u>
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>832</u>	\$ <u>823</u>

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ <u>100</u>
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ <u>100</u>
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>0</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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**Cash Equivalents and Outstanding Debts**

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>0</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**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**

<p><b>Statement covers period</b>  <b>from</b> <u>7/1/2024</u></p> <p><b>through</b> <u>12/18/2024</u></p>	<p><b>CALIFORNIA</b>  <b>FORM</b></p> <p><b>460</b></p>
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<p><b>I.D. NUMBER</b>  <b>147885</b></p>	

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

### **Vote Yes on Measure H Arcata**

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## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 100

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 100**

**\*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 C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vote Yes on Measure H Arcata

Statement covers period  
from 7/1/2024

through 12/18/2024

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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)
8/30/2024	Chuck Powell [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		yard signs, banner	641	641	
		<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 \$**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ 641
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ 82
- 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 \$ 723**

\*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.

SCHEDULE E

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vote Yes on Measure H Arcata

Statement covers period  
from 7/1/2024

through 12/18/2024

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1474885

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Alex Stillman [REDACTED], Arcata, CA 95521	RFD		refund, close account	50
Secretary of State, Political Reform Division 1500 111th Street, Sacramento	FIL		file form 410	50

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

**SUBTOTAL \$ 100**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ <u>100</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 100</b>