

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

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**CALIFORNIA 460  
FORM**

Statement covers period from <u>10/20/2024</u>	Date of election if applicable: (Month, Day, Year) <u>FEB 26 2025</u>
through <u>12/31/2024</u>	11/5/2024

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
(Also Complete Part 5)

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee  
(Also Complete Part 6)

Primarily Formed Candidate/  
 Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

Primarily Formed Ballot Measure  
 Committee  
 Controlled  
 Sponsored  
(Also Complete Part 8)

Preselection Statement  
 Semi-annual Statement  
 Termination Statement  
(Also file a Form 410 Termination)

Amendment (Explain below)

*Correcting Contributor Codes on P 4*

**3. Committee Information**

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

Stacy Atkins-Salazar for City Council 2024

**Treasurer(s)**

NAME OF TREASURER

Dina Macdonald

MAILING ADDRESS

CITY <u>Arcata</u>	STATE <u>CA</u>	ZIP CODE <u>95521</u>	AREA CODE/PHONE <u>██████████</u>
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NAME OF ASSISTANT TREASURER, IF ANY			
MAILING ADDRESS			

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 2/14/2025 Date

Executed on 2/21/2025 Date

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

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

By \_\_\_\_\_ Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

FPPC Form 460 (Jan/2016))  
[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

**Stacy Atkins-Salazar**

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

**Arcata City Council Member**

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

**Arcata CA 9552**

**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?

YES

NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**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

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES

NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

**STATEMENT OF CAMPAIGN EXPENDITURES  
FOR THE CALENDAR YEAR  
10/20/2024 - 12/31/2024  
FILING UNIT  
460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stacy Atkins-Salazar for City Council 2024

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions.....	Schedule A, Line 3 \$ 775	\$ 4953	1/1 through 6/30 7/1 to Date
2. Loans Received.....	Schedule B, Line 3 -500	-500	20. Contributions Received \$ _____ \$ _____
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 225	\$ 4453	21. Expenditures Made \$ _____ \$ _____
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	0	
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 775	\$ 4453	

**Expenditures Made**

6. Payments Made.....	Schedule E, Line 4 1028.78	\$ 4894.87	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
7. Loans Made.....	Schedule H, Line 3 0	0	Date of Election (mmddyy)
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 1016.78	\$ 4894.87	Total to Date
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0	
10. Nonmonetary Adjustment.....	Schedule C, Line 3 0	0	
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 1016.78	\$ 4894.87	

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mmddyy)	Total to Date
/ / /	/ / /	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 781.91	\$ 781.91
13. Cash Receipts.....	Column A, Line 3 above 225	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).
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments.....	Column A, Line 8 above 1028.78	
16. ENDING CASH BALANCE.....	\$ -21.87	

If this is a termination statement, Line 16 must be zero.

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0	\$ 0
18. Cash Equivalents.....	See instructions on reverse \$ 0	
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ -500	

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

**SCHEDULE A**  
**CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stacy Atkins-Salazar for 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)
10/23/2024	Gordon Inkelaes Bayside CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Publisher, Arcata Arts	25	25	
1/3/2024	Alex Stillman Arcata CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	30	102	
1/2/2024	BEW Local 551 PAC #1277746 555 Capital Mall Suite 400 Sacramento CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		240	240	
11/7/2024	Gino Medeiros CFO Wacker and Sons Penngrove CA 94951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>CFO Wacker and Sons</i>	240	240	
1/17/2024	Tony Medeiros CEO Wacker and Sons Penngrove CA 94951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>CEO Wacker and Sons</i>	240	240	
<b>SUBTOTAL \$ 775</b>						

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 720
2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 55
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 775**

\*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  
Loans Received**

Amounts may be rounded to whole dollars

**SEE INSTRUCTIONS ON REVERSE  
NAME OF ENTERPRISE**

Stacy Atkins-Salazar for City Council 2024

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE ALSO ENTER ID NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		(a) OUTSTANDING BALANCE AT 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 CONTRIBUTION TO DATE	
Stacy Atkins-Salazar ██████████		Arcata, CA, 95521		\$ 500		\$ 0		<input checked="" type="checkbox"/> PAID \$ 500		\$ 0		N/A %		\$ 500		\$ 500	
No Limits Dance Academy (owner)				\$ 500		\$ 0		<input type="checkbox"/> PAID \$ 0		N/A		RATE		PER ELECTION*		PER ELECTION*	
† <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 \$ _____		DATE DUE		\$ 0		7/24/2024		DATE INCURRED	
				\$ _____		\$ _____		<input type="checkbox"/> PAID \$ _____		DATE DUE		RATE %		\$ _____		CALENDAR YEAR	
				\$ _____		\$ _____		<input type="checkbox"/> FORGIVEN \$ _____		DATE DUE		RATE		\$ _____		PER ELECTION*	
				\$ _____		\$ _____		<input type="checkbox"/> PAID \$ _____		DATE DUE		RATE %		\$ _____		CALENDAR YEAR	
				\$ _____		\$ _____		<input type="checkbox"/> FORGIVEN \$ _____		DATE DUE		RATE		\$ _____		PER ELECTION*	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				\$ _____		\$ _____				DATE DUE		RATE		\$ _____		PER ELECTION*	

## Schedule B Summary

1. Loans received this period .....
2. Loans paid or forgiven this period .....
3. (Total Column (b) plus unitemized loans of less than \$100.)  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)  
Net change this period. (**Subtract** Line 2 from Line 1.)  
Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

(May be a negative number)

(Enter (a) on Schedule E, Line 2)

IND – Individual	†Contributor Codes
COM – Recipient Committee	
OTH – Other (e.g., business entity)	(other than PTY or SCC)
PTY – Political Party	
SCC – Small Contributor Committee	

†Contributor Codes  
IND – Individual

COM – Recipient Committee  
(other than PTY or S)

OTH - Other (e.g., business entity)  
PTY - Political Party

SCC – Small Contributor Committee

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**FPPC Advice:** [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Stacy Atkins-Salazar for City Council 2024

Statement covers period		CALIFORNIA FORM	SCHEDULE E
from	through	Page	I.D. NUMBER
10/20/2024	12/31/2024	6	1470086

**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
Elizabeth Conner [REDACTED] Arcata CA 95521	CNS	Campaign consultants	549.14
Go Daddy 2155 E. GoDaddy Way, Tempe, AZ 85284. www.godaddy.com	WEB	Website	467.64
Redwood Capital Bank 1315 G Street, Arcata, CA 95521		1 Monthly \$12 Service Charge for Bank Account 10/31/25	12
<b>SUBTOTAL \$ 1028.78</b>			

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

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 1016.78
2. Unitemized payments made this period of under \$100..... \$ 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 \$ 1028.78**