

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 10/20/2024  
through 12/31/2024

Date of election if applicable:  
(Month, Day, Year)  
11/5/2024

Date Stamp  
**RECEIVED**  
FEB 26 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.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☐ General Purpose Committee  
☐ Sponsored Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement  
☒ Semi-annual Statement  
☒ Termination Statement  
(Also file a Form 410 Termination)  
☒ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report

Correcting contributor codes on p 4

3. Committee Information

COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE)  
ID NUMBER  
1470086

Stacy Atkins-Salazar for City Council 2024

Treasurer(s)

NAME OF TREASURER  
Dina Macdonald  
MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)  
CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CA 95521

CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

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 2/14/2025  
By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 2/21/4/2025  
By [Signature]  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on  
By [Signature]  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on  
By [Signature]  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

[Signature]

# Recipient Committee Campaign Statement Cover Page — Part 2

## 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
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)
CITY	STATE ZIP CODE AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

## 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

Stacy Atkins-Salazar for City Council 2024

Statement covers period  
from 10/20/2024  
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I.D. NUMBER  
1470086

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 775	\$ 4953
2. Loans Received	Schedule B, Line 3 -500	-500
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 225	\$ 4453
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 775	\$ 4453

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 \$ \$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1028.78	\$ 4894.87
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1016.78	\$ 4894.87
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, 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 (mm/dd/yy) Total to Date

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 781.91
13. Cash Receipts	Column A, Line 3 above 225
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 1028.78
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ -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
18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ -500

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).

\*Amounts in this section may be different from amounts reported in Column B.

**Amounts may be rounded to whole dollars.**

## SCHEDULE A

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 10/20/2024  
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/23/24	Gordon Inkeles [REDACTED] 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	
11/3/2024	Alex Stillman [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	Retired	30	102	
11/2/2024	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 [REDACTED] Penngrove CA 94951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Wacker and Sons	240	240	
11/7/2024	Tony Medeiros CEO Wacker and Sons [REDACTED] Penngrove CA 94951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Wacker and Sons	240	240	
SUBTOTAL \$ 775						

## Schedule A Summary

- |   |                     |
|---|---------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(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.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$ 775</b> |

\*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

FPPC Form 460 (Jan/2016))

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

**www.fppc.ca.gov**

Schedule B – Part 1  
Loans Received

Amounts may be rounded  
to whole dollars.

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

(Enter (a) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period.....\$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period.....\$ 500  
(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.).....NET \$ -500  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

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

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

Schedule E  
Payments Made

Amounts may be rounded  
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**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) | VOI 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 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
SUBTOTAL \$ 1028.78			

\* 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 |

