

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

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
_____ / _____ / _____	_____ / _____ / _____	1 / 31 / 25

Date Stamp

RECEIVED

JAN 30 2025

CITY OF ARCATA
CITY MANAGER'S OFFICE**CALIFORNIA
FORM****410**

For Official Use Only

1. Committee Information**I.D. Number**
(if applicable) 1470086**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Stacy Atkins-Salzar for Arcata City Council 2024

NAME OF TREASURER

Dina M. Macdonald

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Arcata

CA

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Stacy Atkins-Salzar

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Arcata

CA

95521

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

COUNTY OF DOMICILE

Humboldt

JURISDICTION WHERE COMMITTEE IS ACTIVE

Arcata

*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 1/28/2025 By _____

DATE

Executed on 1/28/2025 By _____

DATE

RE PROPOSER

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Statement of Organization

Recipient Committee

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COMMITTEE NAME Stacy Atkins-Salazar for Arcata City Council 2024	I.D. NUMBER 1470086
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- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Redwood Capital Bank	AREA CODE/PHONE 707-826-0878	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION 1315 G Street	CITY Arcata	STATE CA	ZIP CODE 95521
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4. Type of Committee *Complete the applicable sections.*

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT Stacy Atkins-Salazar	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) Arcata City Council	YEAR OF ELECTION 2024	PARTY CHECK ONE		
			Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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Recipient Committee**

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COMMITTEE NAME

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee

____ / ____ / ____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.