

COPY

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination – See Part 5

Date of termination

7/ / 30 / 2025

Date Stamp

RECEIVED

JUL 30 2025

CITY OF ARCATA
CITY MANAGER'S OFFICE

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

1470992

NAME OF COMMITTEE

The Committee to Reelect Sarah Schaefer, Arcata City Council 2024

STREET ADDRESS (NO P.O. BOX)

██████████

CITY

Arcata

STATE

CA

ZIP CODE

95521

AREA CODE/PHONE

██████████

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

██████████

COUNTY OF DOMICILE

Humboldt

JURISDICTION WHERE COMMITTEE IS ACTIVE

Arcata

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Alaina Patton

STREET ADDRESS (NO P.O. BOX)

██████████

CITY

Arcata

STATE

CA

ZIP CODE

95521

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)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

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 7/30/25

DATE

By

Alaina Patton

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/30/25

DATE

By

Sarah Schaefer

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT