

# 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  
71 / 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

CITY STATE ZIP CODE AREA CODE/PHONE  
Arcata CA 95521 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Humboldt 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 7/30/25 DATE 2025 By Alaina Patton  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/30/2025 DATE 2025 By Sarah Schaefer  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ DATE \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ DATE \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER