

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

|   |                            |  |
|---|----------------------------|--|
| Date Stamp                              | <b>CALIFORNIA FORM 460</b> |  |
| <b>RECEIVED</b>                         |                            |  |
| JUL 30 2025                             |                            |  |
| CITY OF ARCATA<br>CITY MANAGER'S OFFICE |                            |  |
| Page 1 of 4                             | For Official Use Only      |  |

SEE INSTRUCTIONS ON REVERSE

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

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee         |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled  |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Sponsored   |
| (Also Complete Part 5)   |  |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored   | (Also Complete Part 7)   |
| <input type="checkbox"/> Small Contributor Committee                             |  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

**3. Committee Information**

I.D. NUMBER  
1470992

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

The Committee to Reelect Sarah Schaefer, Arcata City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Arcata CA 95521 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Type of Statement:**

|   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement            | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement            | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement |  |
| (Also file a Form 410 Termination)                        |  |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**Treasurer(s)**

NAME OF TREASURER

Alaina Patton

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| 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 7/30/2025 Date

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

*Alaina Patton*

Executed on 7/30/25 Date

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

*Sarah Schaefer*

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

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

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

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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 4

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Sarah Schaefer

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

Arcata City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Arcata CA 95521

**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?<br><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?<br><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<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>7/1/25</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>7/30/25</u>                        | Page <u>3</u> of <u>4</u>      |
| I.D. NUMBER<br><u>1470992</u>                 |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The Committee to Reelect Sarah Schaefer Arcata City Council

**Contributions Received**

|                                      |                           | <b>Column A</b><br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | <b>Column B</b><br>CALENDAR YEAR<br>TOTAL TO DATE |
|--------------------------------------|---------------------------|---|---|
| 1. Monetary Contributions.....       | <i>Schedule A, Line 3</i> | \$ 0  | \$ 0  |
| 2. Loans Received.....               | <i>Schedule B, Line 3</i> | 0   | 0   |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | <i>Add Lines 1 + 2</i>    | \$ 0  | \$ 0  |
| 4. Nonmonetary Contributions.....    | <i>Schedule C, Line 3</i> | 0   | 0   |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i>    | \$ 0  | \$ 0  |

**Expenditures Made**

|   |                             |           |           |
|---|-----------------------------|-----------|-----------|
| 6. Payments Made.....                   | <i>Schedule E, Line 4</i>   | \$ 350.75 | \$ 657.75 |
| 7. Loans Made.....                      | <i>Schedule H, Line 3</i>   | 0         | 0         |
| 8. SUBTOTAL CASH PAYMENTS.....          | <i>Add Lines 6 + 7</i>      | \$ 350.75 | \$ 657.75 |
| 9. Accrued Expenses (Unpaid Bills)..... | <i>Schedule F, Line 3</i>   | 0         | 0         |
| 10. Nonmonetary Adjustment.....         | <i>Schedule C, Line 3</i>   | 0         | 0         |
| 11. TOTAL EXPENDITURES MADE.....        | <i>Add Lines 8 + 9 + 10</i> | \$ 350.75 | \$ 657.75 |

**Current Cash Statement**

|  |  |           |
|--|--|-----------|
| 12. Beginning Cash Balance.....          | <i>Previous Summary Page, Line 16</i>                | \$ 350.75 |
| 13. Cash Receipts.....                   | <i>Column A, Line 3 above</i>                        | 0         |
| 14. Miscellaneous Increases to Cash..... | <i>Schedule I, Line 4</i>                            | 0         |
| 15. Cash Payments.....                   | <i>Column A, Line 8 above</i>                        | 350.75    |
| 16. ENDING CASH BALANCE.....             | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 0      |

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

|                                   |                           |      |
|-----------------------------------|---------------------------|------|
| 17. LOAN GUARANTEES RECEIVED..... | <i>Schedule B, Part 2</i> | \$ 0 |
|-----------------------------------|---------------------------|------|

**Cash Equivalents and Outstanding Debts**

|                            |  |      |
|----------------------------|--|------|
| 18. Cash Equivalents.....  | <i>See instructions on reverse</i>           | \$ 0 |
| 19. Outstanding Debts..... | <i>Add Line 2 + Line 9 in Column B above</i> | \$ 0 |

**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      | \$ _____ | \$ _____ |

**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

|     |          |
|-----|----------|
| / / | \$ _____ |
| / / | \$ _____ |

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.

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA **460**  
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The Committee to Reelect Sarah Schaefer, Arcata City Council 2024

Statement covers period  
from 7/1/25

through 7/30/25

Page 4 of 4

I.D. NUMBER

1470992

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

SUBTOTAL \$ 0.00

## Schedule E Summary

|  |                               |
|--|-------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ <u>0</u>                   |
| 2. Unitemized payments made this period of under \$100   | \$ <u>350.75</u>              |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ <u>0</u>                   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ <u>350.75</u></b> |