

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2025
through 6/30/2025

Date of election if applicable:
(Month, Day, Year)
11/5/2025

Date Stamp

RECEIVED

JUL 31 2025

**CITY OF ARCATA
CITY MANAGER'S OFFICE**

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For Official Use Only

COVER PAGE

CALIFORNIA FORM 460

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 6)
<input type="checkbox"/> Small Contributor Committee	
<input type="checkbox"/> Political Party/Central Committee	

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1470086

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

Stacy Atkins-Slarzar for City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY Arcata STATE CA ZIP CODE 95521 AREA CODE/PHONE ██████████

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

CITY ██████████ STATE ██████████ ZIP CODE ██████████ AREA CODE/PHONE ██████████

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Dina Macdonald

MAILING ADDRESS

CITY Arcata STATE CA ZIP CODE 95521 AREA CODE/PHONE ██████████

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.

8/28 Executed on 7/28/2025 Date ██████████

8/28 Executed on 7/30/2025 Date ██████████

Executed on ██████████ Date ██████████

Executed on ██████████ Date ██████████

By Dina Macdonald Signature of Treasurer or Assistant Treasurer

By Stacy Atkins-Slarzar Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By ██████████ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By ██████████ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

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

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

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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
[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? <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
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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

Statement covers period from <u>1/1/2025</u>	CALIFORNIA FORM 460
through <u>6/30/2025</u>	Page <u>3</u> of <u>3</u>
I.D. NUMBER <u>1470086</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stacy Atkins-Salazar for City Council 2024

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR 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

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 0	\$ 0
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 0	\$ 0
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>	\$ 0	\$ 0

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 0	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).
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>	\$ 0	
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 0	
<i>If this is a termination statement, Line 16 must be zero.</i>			

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

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____

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