

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER EDITH ROSEN		Date of This Filing 4/15/2022	Date Stamp RECEIVED APR 18 2022 CITY OF ARCATA CITY MANAGER'S OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 707-498-6041	I.D. NUMBER (if applicable) 1445969	Report No. 1		
STREET ADDRESS 1641 OLD ARCATA ROAD		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY BAYSIDE	STATE CA		ZIP CODE 95524	No. of Pages 2

1. Contribution(s) Received **SEE ATTACHED SHEET FOR COMPLETE CONTRIBUTIONS TO DATE.**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
3/4/2022	EDITH ROSEN [REDACTED] BAYSIDE, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASSISTANT DIRECTOR OF FINANCE AREA 1 AGENCY ON AGING	<input checked="" type="checkbox"/> Check if Loan 0 _____% Provide interest rate
3/12/2022	FRANK ONSTINE [REDACTED] BLUE LAKE, CA 95525	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	<input type="checkbox"/> Check if Loan _____% Provide interest rate
3/28/2022	EDITH ROSEN [REDACTED] BAYSIDE, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASSISTANT DIRECTOR OF FINANCE AREA 1 AGENCY ON AGING	<input checked="" type="checkbox"/> Check if Loan 0 _____% Provide interest rate

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

