

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA FORM 460

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OCT 9 2024

CITY OF ARCATA
CITY MANAGER'S OFFICE

Statement covers period

from 7/1/2024

through 9/21/2024

Date of election if applicable:
(Month, Day, Year)

11/5/2020

SEE INSTRUCTIONS ON REVERSE

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

☒ Officeholder, Candidate Controlled Committee

☐ State Candidate Election Committee

☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee

☐ Controlled

☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

☒ Preelection Statement

☐ Semi-annual Statement

☐ Termination Statement

(Also file a Form 410 Termination)

☒ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

Per City Clerk

3. Committee Information

I.D. NUMBER

1470086

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

Stacy Atkins-Salazar for City Council 2024

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Arcata

CA

95521

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

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Arcata

CA

95521

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 9/22/2023
Date

Executed on 9/22/2023
Date

Executed on
Date

Executed on
Date

By Dina Macdonald
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

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Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

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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 9552

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?

☐ YES ☐ 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?

☐ YES ☐ 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

☐ SUPPORT

☐ 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

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/1/2024
through 9/21/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Atkins-Salazar for City Council 2024

I.D. NUMBER

1470086

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 3258	\$ 3358
2. Loans Received..... Schedule B, Line 3	500	500
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 3758	\$ 3858
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 3758	\$ 3858

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 \$ \$

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 2668.40	\$ 2668.40
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2668.40	\$ 2668.40
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 2668.40	\$ 2668.40

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

/ / \$

/ / \$

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 100
13. Cash Receipts..... Column A, Line 3 above	3758
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	2668.40
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1189.60

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 500
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 500

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 A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2024
through 9/21/2024

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NAME OF FILER

Atkins-Salazar for City Council 2024

I.D. NUMBER

1470086

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/10/24	Robert Judevine [REDACTED] Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice-President, Redwood Capital Bank	100	100	
7/17/24	Andres Atkins-Salazar [REDACTED] Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Atkins-Salazar Construction	230	230	
7/18/24	Dina Macdonald [REDACTED] Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Learning Specialist, Humboldt Office of Education	75	75	
7/18/24	Rob McBeth [REDACTED] Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, O&M Industries	240	240	
7/21/24	Dan Hauser [REDACTED] Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	

SUBTOTAL \$ 745

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2160
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1098
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3258

*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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2024</u> through <u>9/21/2024</u>	CALIFORNIA FORM 460
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NAME OF FILER Atkins-Salazar for City Council 2024	I.D. NUMBER 1470086
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2024	Alex Stillman [REDACTED] Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	72	72	
7/26/2024	Debra McBeth [REDACTED] Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	240	240	
8/2/2024	Elizabeth Conner [REDACTED] CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Conner & Associates Independent Consultant	10	10	
8/5/2024	Operating Engineers 3 Dist. #40 PAC 891398 [REDACTED], Livermore, CA 94551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		240	240	
8/6/2024	Jaffa Wahlberg [REDACTED], CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200	200	
SUBTOTAL \$ 762						

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2024</u> through <u>9/21/2024</u>		CALIFORNIA FORM 460
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NAME OF FILER Atkins-Salazar for City Council 2024		I.D. NUMBER 1470086

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/16/2024	Bill Chino [REDACTED] Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Jacoby's Storehouse	230	230	
8/23/2024	Building & Construction trades council of humboldt-del norte counties PAC 902325 [REDACTED] Eureka, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		240	240	
8/24/2024	Atthys Gage [REDACTED] Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50	50	
8/30/2024	Donna Hauser [REDACTED] Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	240	240	
9/4/2024	O and M Industries [REDACTED] Arcata, CA 95521	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99	99	
SUBTOTAL \$ 859						

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IND – Individual
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(other than PTY or SCC)
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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/2024 through 9/21/2024		CALIFORNIA FORM 460
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NAME OF FILER Atkins-Salazar for City Council 2024		I.D. NUMBER 1470086

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2024	Air Tight Heating & Sheet Metal [REDACTED] Arcata, CA 95521	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99	99	
9/4/2024	Fortuna Iron [REDACTED] Arcata, CA 95521	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99	99	
9/4/2024	Marilyn Borghino [REDACTED] Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	100	
9/4/2024	ToMac LLC [REDACTED] Arcata, CA 95521	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99	99	
9/4/2024	James McBeth [REDACTED] Kneeland, CA 95549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99	99	
SUBTOTAL \$ 496						

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2024</u> through <u>9/21/2024</u>		CALIFORNIA FORM 460
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NAME OF FILER Atkins-Salazar for City Council 2024		I.D. NUMBER 1470086

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/5/2024	Hooven & Co. Inc [REDACTED] McKinleyville, CA 95519	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99	99	
9/6/2024	Hooven Rentals [REDACTED] McKinleyville, CA 95519	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99	99	
9/6/2024	Trinity Center General Store [REDACTED] McKinleyville, CA 95519	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99	99	
9/6/2024	North Trinity Lake Holding Co. LLC [REDACTED] McKinleyville, CA 95519	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99	99	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ 396						

*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

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 7/1/2024
through 9/21/2024

CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Atkins-Salazar for City Council 2024

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I.D. NUMBER

1470086

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Stacy Atkins-Salazar [REDACTED] Arcata, CA, 95521 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	No Limits Dance Academy (owner)	0 \$	500 \$	<input type="checkbox"/> PAID 0 \$ <input type="checkbox"/> FORGIVEN 0 \$	500 \$ N/A DATE DUE	N/A % RATE 0 \$	500 \$ 7/24/2024 DATE INCURRED	CALENDAR YEAR 500 \$ PER ELECTION** N/A \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$ 500	\$ 0	\$ 0	\$ 500	\$ 0		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 500
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) NET \$ 500
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 7/1/2024
through 9/21/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Atkins-Salazar for City Council 2024

I.D. NUMBER

1470086

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State 1500 11th Street, Sacramento, CA 95814	FIL		Form 410	50
Mother's Cooking 650 6th Street, Arcata, CA 95521	FND		Event Catering	231.75
Go Daddy 2155 E. GoDaddy Way, Tempe, AZ 85284.	WEB		Website	131.88

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

SUBTOTAL \$ 395.63

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2512.12
2. Unitemized payments made this period of under \$100	\$ 156.28
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2668.40

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**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 7/1/2024 through 9/21/2024	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Atkins-Salazar for City Council 2024

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	CMP		Headshot for Flyer	200
City of Arcata 736 F Street Arcata, CA 95521	FIL		Candidate Statement	810
Amazon 325 9th Ave. N., Seattle, WA 98109-5210	CMP		Buttons	43.39
Scrapper's Edge 2426 6th Street, Eureka, CA 95521	LIT		Printing	28.04
Humboldt County Office of Elections 2426 6th Street, Eureka, CA 95521			voter info- Walking Precincts	150

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

SUBTOTAL \$ 1231.43

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 7/1/2024 through 9/21/2024	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Atkins-Salazar for City Council 2024

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cafe Brio 791 G Street, Arcata, CA 95521	MTG	Refreshments	100.10
Safeway 600 F Street, Arcata, CA 95521	MTG	Refreshments	15.17
Westside Pizza 600 F Street, Arcata, CA 95521	MTG	Refreshments	69.68

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

SUBTOTAL \$ 184.95