

COPY

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Statement of Organization
Recipient Committee

Statement Type

☐ Initial☐ Not yet qualified
or☐ Date qualification threshold met☒ Amendment

Date qualification threshold met

8 / 23 / 2024

☐ Termination - See Part 5

Date of termination

/ /

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

NOV 04 2024

CALIFORNIA
FORM 410

For Official Use Only

NOV 12 2024

HUMBOLDT COUNTY
ELECTIONS

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		(if applicable)		NAME OF TREASURER			
Re-Elect Alex Stillman to Arcata City Council 2024		1478992		L. Alan Lowry			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Arcata	CA	95521		Arcata	CA	95521	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
Humboldt	Arcata, CA						
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY STATE ZIP CODE AREA CODE/PHONE			
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 10/31/2024 By L. Alan Lowry
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/31/2024 By Alexandra Stillman
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

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COMMITTEE NAME

Re-Elect Alex Stillman to Arcata City Council 2024

I.D. NUMBER

1472992

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Redwood Capital Bank

AREA CODE/PHONE

707-269-4415

BANK ACCOUNT NUMBER

3000019707

ADDRESS

1315 G St.

CITY

Arcata

STATE

CA

ZIP CODE

95521

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Alexandra Stillman	Arcata City Council	2024	Nonpartisan	Partisan	(list political party below)
			<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE