

**Recipient Committee
Campaign Statement
Cover Page**

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 | <input type="checkbox"/> (Also Complete Part 6) |
| <input type="checkbox"/> Small Contributor Committee | |
| Political Party/Central Committee | |

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)

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

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

Date of election if applicable:
(Month, Day, Year)
11/5/20204

Date Stamp

RECEIVED

FEB 26 2025

CALIFORNIA FORM 460

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For Official Use Only

CITY OF ALCATRA
CITY MANAGER'S OFFICE

2. Type of Statement:

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

Correct Information added to Campaign Disclosure Statement
Summary Page & Missing information added to Schedule E

Pages 1, 3, 10, 12

Treasurer(s)

NAME OF TREASURER

Dina Macdonald

MAILING ADDRESS

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
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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 1/28/2025

By _____

Executed on 1/28/2025

By _____

Executed on _____

By _____

Executed on _____

By _____

Date

Date

Date

Date

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/2024</u>	CALIFORNIA FORM
through <u>9/21/2024</u>	Page <u>32</u> of <u>24</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>	\$ 3258	\$ 3358
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ 500	\$ 500
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 3758	\$ 3858
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 3758	\$ 3858

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>	\$ 2704.40	\$ 2704.40
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 2704.40	\$ 2704.40
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>	\$ 2704.40	\$ 2704.40

Current Cash Statement

12. Beginning Cash Balance.....	<i>Previous Summary Page, Line 16</i>	\$ 100	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>	\$ 3758	
14. Miscellaneous Increases to Cash.....	<i>Schedule I, Line 4</i>	\$ 0	
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$ 2704.40	
16. ENDING CASH BALANCE.....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 1153.60	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ 0
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18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$ 500
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 500

**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
	/ /	\$ _____
	/ /	\$ _____

*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 FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stacy

Atkins-Salazar for City Council 2024

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

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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.....	\$ 188.28
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 \$ 2704.40

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stacy Atkins-Salazar for City Council 2024

Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM	
from <u>7/1/2024</u>	460	
through <u>9/21/2024</u>	Page <u>124</u>	of <u>124</u>
		I.D. NUMBER <u>1470086</u>

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
Redwood Capital Bank P.O. Box 1401, Eureka, CA 95502 1315 6 St Arcata CA 95521			3 Monthly \$12 Service Charges for Bank Account (6/30/24, 7/31/24 and 8/31/24)	36.00

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

SUBTOTAL \$ 220.95

FPPC Form 460 (Jan/2016))

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