Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

For Official Use Only

Date Stamp: RECEIVED OCT 23 2020 CITY ADM

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 9/20/2020 through 10/17/2020

Date of election if applicable: (Month, Day, Year) November, 3, 2020

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

- [x] 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:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1429251

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Elect Liza Welsh for City Council, City of Eureka, Ward 4 in 2020

STREET ADDRESS (NO P.O. BOX): 1428 McFarlan St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	707-485-9072

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: 1428 McFarlan St

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: James Matthew Stephenson Jr

MAILING ADDRESS: 1428 McFarlan St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	214-906-6856

NAME OF ASSISTANT TREASURER, IF ANY: Elizabeth Ann Welsh

MAILING ADDRESS: 1428 McFarlan St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	707-485-9072

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 10/21/2020 (Date) By James Matt Stephenson Jr (Signature of Treasurer or Assistant Treasurer)

Executed on 10/21/2020 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Elizabeth Welsh

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council, City of Eureka, Ward 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1428 McFarlan St	Eureka	CA	95501

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 9/20/2020 through 10/17/2020

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Elect Liza Welsh for City Council, City of Eureka, Ward 4 in 2020

I.D. NUMBER: 1429251

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 3160.00	$ 5787.64
2. Loans Received	*Schedule B, Line 3*	3000.00	3000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 6160.00	$ 8787.64
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 6160.00	$ 8787.64

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 7311.63	$ 8592.96
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 7311.63	$ 8592.96
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*	$ 7311.63	$ 8592.96

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2346.31
13. Cash Receipts	*Column A, Line 3 above*	6160.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	7311.63
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 1194.68

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $ 0

19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* $ 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).

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	$ 1124.00	$ 7663.64
21. Expenditures Made	$ 139.60	$ 8453.36

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 A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 9/20/2020
through 10/17/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elect Liza Welsh for City Council, City of Eureka, Ward 4 in 2020

I.D. NUMBER
1429251

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2020	AFSCME Local 1684 840 E Street, Suite 7 95501 FPPC Filer ID: 1345687	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/5/2020	National Union of Healthcare Workers 1250 45th Street Suite 200 FPPC Filer ID: 1318200	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/5/2020	Humboldt County Democratic Central Committee 527 Fourth Street 95502 FPPC Filer ID: 761414	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/13/2020	United Food & Commercial Workers Local 5 840 E Street, Suite 8 95501 FPPC Filer ID: 1294035	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
9/28/2020	Jim & Patricia Welsh 121 Cookhouse Springs Ln 95519	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired School Teacher Jim & Patricia Welsh	100.00	100.00	
			SUBTOTAL $		2100.00	

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2900.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 260.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 3160.00

*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 9/20/2020
through 10/17/2020

CALIFORNIA FORM 460

NAME OF FILER
Elect Liza Welsh for City Council, City of Eureka, Ward 4 in 2020

I.D. NUMBER
1429251

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2020	Jennifer Welsh 620 Parkside Avenue 11226	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Barista Gregory's	100.00	100.00	
9/21/2020	Jennifer Dillon 1428 McFarlan St 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Temporary Worker Dark Staffing	250.00	250.00	
9/22/2020	Daniel Welsh 7005 Durham St 95621	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Biologist US Fish & Wildlife	250.00	250.00	
9/30/2020	Max Mikalonis 2248 Valley Oak Ln, Unit 1047 95691	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Legislative and Regulatory Advocate K Street Consulting	100.00	100.00	
10/13/2020	Holly Sage 1910 G Street 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Holly Sage	100.00	100.00	
			SUBTOTAL $		800.00	

*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.

Statement covers period from 9/20/2020 through 10/17/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1429251

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
Elizabeth Welsh 1428 McFarlan St 95501 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Land Use Planner Humboldt County	$ 0.00	$ 3000.00	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 3000.00 DATE DUE ____	____ % RATE $ ____	$ 3000.00 10/2/2020 DATE INCURRED	CALENDAR YEAR $ 3000.00 PER ELECTION ** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION ** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION ** $ ____
		SUBTOTALS $ 3000.00	$		$ 3000.00	$		

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

Schedule B Summary

1. Loans received this period ..... $ 3000.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 3000.00
   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.

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from 9/20/2020
through 10/17/2020

CALIFORNIA FORM **460**

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NAME OF FILER
Elect Liza Welsh for City Council, City of Eureka, Ward 4 in 2020

I.D. NUMBER
1429251

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
Facebook, Inc. 1601 Willow Road Menlo Park, CA 94025-1425		Online Social Media Internet Ads	1136.00
Pacific Printing 1445 Monterey Highway San Jose, CA 95110	LIT		1675.96
The Blue Deal, LLC 4115 Annandale Rd. Suite 105 Annandale, VA 22003		Yard Signage	776.43

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

SUBTOTAL $ 3588.39

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 7255.64
2. Unitemized payments made this period of under $100 ..... $ 55.99
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 $** 7311.63

Schedule E (Continuation Sheet) Payments Made

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from 9/20/2020
through 10/17/2020

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I.D. NUMBER
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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
Lost Coast Communications Inc PO Box 25 Ferndale, CA 95536	RAD		774.00
Vistaprint Inc 275 Wyman St Waltham, MA 02451	CMP		444.84
Bug Press 1461 M St Arcata, CA, 95521	LIT		865.83
Woodlab Designs 320 South G St Arcata, CA, 95521		Large Wood Signage	846.30
Amazon.com 410 Terry Ave N Seattle, WA 98109	OFC		194.21

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

SUBTOTAL $ 3125.18

Schedule E (Continuation Sheet) Payments Made

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NAME OF FILER

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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
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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
Fedex Office 2021 5th St Suite C Eureka, CA 95501	LIT		106.33
Sticker Mule 336 Forest Ave Amsterdam, NY 12010	CMP		100.91
Custom Ink 2910 District Ave Fairfax, VA 22031	CMP		334.83

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

SUBTOTAL $ 542.07