

**Statement of Organization
Recipient Committee**

Lakewood

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

CALIFORNIA FORM 410

JAN 03 2022

For Official Use Only
COUNTY
2022 JAN 13 AM 9:42
CAMPAIGN FINANCE

Statement Type

| | | |
|---|--|---|
| <input type="checkbox"/> Initial | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Termination - See Part 5 |
| <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met | Date qualification threshold met 12 / 21 / 2021 | Date of termination |

| | | | |
|---|--|--|--|
| 1. Committee Information | | 2. Treasurer and Other Principal Officers | |
| I.D. Number 1442151 <small>(if applicable)</small> | | NAME OF TREASURER Steve Croft | |
| NAME OF COMMITTEE Re-Elect Croft for Council 2022 | | STREET ADDRESS (NO P.O. BOX) | |
| STREET ADDRESS (NO P.O. BOX) | | NAME OF ASSISTANT TREASURER, IF ANY | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | STREET ADDRESS (NO P.O. BOX) | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) stacro@aol.com | | CITY STATE ZIP CODE AREA CODE/PHONE | |
| COUNTY OF DOMICILE Los Angeles | JURISDICTION WHERE COMMITTEE IS ACTIVE Lakewood | NAME OF PRINCIPAL OFFICER(S) | |
| 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 12/22/21 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/22/21 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

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| | |
|--|-------------------------------|
| COMMITTEE NAME Re-Elect Croft for Council 2022 | F.D. NUMBER 1442151 |
|--|-------------------------------|

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

| | | |
|--|--|--|
| NAME OF FINANCIAL INSTITUTION Farmers & Merchants Bank | AREA CODE/PHONE 562 602-8378 | BANK ACCOUNT NUMBER [REDACTED] |
|--|--|--|

| | | | |
|--------------------------------------|-------------------------|--------------------|--------------------------|
| ADDRESS 4909 Lakewood Blvd | CITY Lakewood | STATE CA | ZIP CODE 90712 |
|--------------------------------------|-------------------------|--------------------|--------------------------|

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 | | |
|--|---|------------------|---|----------|------------------------------|
| Steve Croft | Lakewood City Council | 2022 | Nonpartisan <input checked="" type="checkbox"/> | Partisan | (list political party below) |
| | | | Nonpartisan | 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 |

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| I.D. NUMBER 1442151 |

COMMITTEE NAME
Re-Elect Croft for Council 2022

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

| | |
|-----------------|--|
| NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR |
|-----------------|--|

| | | | | | |
|----------------|----------------|------|-------|----------|-----------------|
| STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------------|----------------|------|-------|----------|-----------------|

Small Contributor Committee _____ / _____ / _____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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Copy Lakewood
1442151

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Statement Type

| | | |
|--|------------------------------------|---|
| <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination - See Part 5 |
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| ____/____/____ | ____/____/____ | ____/____/____ |

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NOV 02 2021 NOV 22 AM 11:38
CAMPAIGN FINANCE

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Executed on 11-1-21 By [Signature]
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|---|--|-----------|--------|
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| | | SUPPORT | OPPOSE |

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FORM 410**

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INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

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