

**Statement of Organization
Recipient Committee**

Statement Type

☐ **Initial**

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ **Amendment**

Date qualification threshold met

☒ **Termination - See Part 5**

Date of termination

11 / 30 / 2023

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

I.D. Number 1442151
(if applicable)

NAME OF COMMITTEE

Re-Elect Croft for Council 2026

STREET ADDRESS (NO P.O. BOX)

CITY

Lakewood

STATE

CA

ZIP CODE

90712

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Lakewood

JURISDICTION WHERE COMMITTEE IS ACTIVE

LA Basin

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Steve Croft

STREET ADDRESS (NO P.O. BOX)

CITY

Lakewood

STATE

ca

ZIP CODE

90712+

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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 11/30/23

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/30/23

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov