

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Jeff Wood for Lakewood City Council 2024 - District 3			Date of This Filing 01/25/2024	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 562-425-4065	I.D. NUMBER (if applicable) 1446298		Report No. 1		
STREET ADDRESS 4528 Albury Avenue			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Lakewood	STATE CA	ZIP CODE 90713	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
1/25/2024	Fiona Ma for Lieutenant Governor 2026 <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div> ID #1457360	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* 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