Statement of C	_	La	Kewood	ECEIVED AND FILE	CALIFORNIA AA	
Recipient Com	nmittee		lr	of the State of California	FORM 41	U
Statement Type	☐ Initial	✓ Amendment	☐ Termination – See Part 5	5	For Official Usefordy C(OHEST:
	O Not yet qualified			JAN 03 2022	2022 1811 10	A12 (1)
	or O Date qualification threshok	d met Date qualification threshold met	Date of termination		THE SAME	3: 42
		12 / 21 / 2021			2022 JAN 13 AM 9	NCE
1. Committee		mber 1442151	2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE	(if opplicable		NAME OF TREASURER			
Re-Elect Croft fo	r Council 2022		Steve Croft			
			STREET ADDRESS (NO P.O. BOX)	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS (NO P.O.	ROX)					NE
			NAME OF ASSISTANT TREASUR	FR IS ANY	<u> </u>	
			TOTAL OF AUSTRIAN THEATON	roj II Aut		
FULL MAILING ADDRESS (I	F DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
Ł-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)		Сіту	STATE	ZIP CODE AREA CODE/PHON	NE .
stacro@aol.com						
COUNTY OF DOMICILE	JURISDICTION WHE	RE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S	5)		
Los Angeles	Lakewood					
			STREET ADDRESS (NO P.O. BOX))		
Attach additional	information on appropriate	ely labeled continuation sheets.	СПҮ	STATE	71P CODE AREA CODE/PHO	NE
3. Verification	}					
I have used all rea	asonable diligence in prepa	ring this statement and to the bes	st of my knowledge the informa	ation contained herein is true a	ind complete. I certify under	
penalty of perjury	y under the laws of the Stat	e of Califoyhia that the foregoing i	is true and correct.		and delinplated tracting diluci	
Executed on 12	122/21 BV_	SECIT				
Executed on 12	DATE By By	SH CH SH	GNATURE OF TREASURER OR ASSISTANT TREAS ROLLING OFFICEHOLDER, CANDIDATE, OR STATE			
Executed on	DATE By	SIGNATURE OF CONT.	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	I has a Color and Color		
Executed on		SIGNALUXE OF CONTI	RULLING OFFICEMULDER, CANDIDATE, OR STATE	E MEASUKE PROPONENT		
Executed OII	DATE By	SIGNATURE OF CONTI	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	E MEASURE PROPONENT		

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov_(866/275-3772)

Statement of Organization Recipient Committee		•				CALIF FO	ORNIA 4	10
INSTRUCTIONS ON REVERSE						Page 2		
Re-Elect Croft for Council 2022						1.D. NUMBER		
 All committees must list the financial institution where the ca 	mpaign bai	nk account is located.						
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOL	NT NUMBER				
Farmers & Merchants Bank	562 6	02-8378						
ADDRESS	СІТҮ	· · · · · · · · · · · · · · · · · · ·	STATE	ZI	P CODE			
4909 Lakewood Blvd	Lake	wood	CA	ţ	90712			
4. Type of Committee Complete the applicable sections.								
Controlled Committee	- -					•		· .+
List the name of each controlling officeholder, candidate, or sta- also list the elective office sought or held, and district number,	te measure if any, and t	proponent. If candidate on the year of the election.	r officeholder	controlled	,			
List the political party with which each officeholder or candidat	e is affiliate	d or check "nonpartisan."	Stating "No pa	rty prefere	ence" is accep	otable		
if this committee acts jointly with another controlled committe	e, list the na	ame and identification num	ber of the oth	er controll	ed committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(ELECTIVE OFFICE SOUGHT OR H INCLUDE DISTRICT NUMBER IF APPI	• • • • • • • • • • • • • • • • • • • •	YEAR OF ELECTION	PAR ¹ CHECK			
Steve Croft	Lakewoo	d City Council		2022	Nonpartisan	Partisan	(list political par	ty below)
					Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or o	ppose spec	ific candidates or measure	s in a single el	ection. List	t helow:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET								
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	1EK)	CANDIDATE(S) OFF (INCLUDE D	ISTRICT NO., CITY			UN	CHECK	ONE
						· · · · · · · · · · · · · · · · · · ·	SUPPORT	OPPOSE
			·····				SUPPORT	OPPOSE

Statement of Organizati Recipient Committee INSTRUCTIONS ON REVERSE	on			CALIFORNIA 410
				Page 3
Re-Elect Croft for Council 2022				I.D. NUMBER 1442151
4. Type of Committee	(Continued)			
General Purpose Committee	Not formed to support or op CiTY Committee	pose specific candidates or measures COUNTY Committee	in a single election. Check only one bo	x :
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Sponsored Committee List a	additional sponsors on an attac	chment.		
NAME OF SPONSOR		INDUSTRY GROUP OR ALFILIATIO	N OF SPONSOR	
STREET ADDRESS NO. AND STREE	ii	City	STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee				
	Oate qualified			
5. Termination Regulrer		n, the treasurer, assistant treasurer and/or car	ndidate, officeholder, or ponent 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.

		Cor.	y Lakerwood		
Statement of a	nmittee	14421	Lakerwood 51 Tormination Son Bo	RECEIVED AND File	CALIFORNIA 410
Statement Type	Initial Not yet qualified or	☐ Amendment	☐ Termination – See Pa	1/	
	1 _	thold met Date qualification threshold met	Date of termination	NOV 02 2024021 NOV 02 CAME	PAIGN FINANCE
1. Committee	e Information I.D.	Number (coble)		and Other Principal Officers	
Re-Elect Croft fo	or Council 2022		NAME OF TREASURER Steve Croft		
STREET ADDRESS (NO P.O.	BOX)		STREET ADDRESS (NO P.O.	BOXI	
			NAME OF ASSISTANT TREAS	SURER IFARY	NE .
FULL MAILING ADDRESS (IF	FOIFFERENT)	302 030-1110	STREET ADDRESS (NO P.O. R	,,,,,,,	
E-MAIL ADDRESS (REQUIRE Stacro@aol.com			Сттү	STATE	71P CODE AREA CODE/PHONE
Los Angeles	Lakewood	YHFRF COMMITTEF IS ACTIVE	NAME OF PRINCIPAL OFFICE	R(S)	
_			STREET ADDRESS (NO P.O. BI	OX)	
Attach àdditional a		ately labeled continuation sheets.	СІТУ	STATE	ZIP CODE AREA CODE/PHONE
I have used all reas	sonable diligence in pre	paring this statement and to the best	of my knowledge the inform	mation contained herein is true as	od complete Learlife under
_	1-/-2/ By		dide and correct.		to complete. Teering under
Executed on	-/-2 / By _		A VRE OF TREASURER OR ASSISTANT TREASURER OR		
Executed on	DATE By	<u> </u>	LUNG OFFICEHOLDER, CANDIDATE, OR STA		
Executed on	DATE By	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STA	NTF MEASURE PROPONENT	

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Statement of Organization								
Recipient Committee INSTRUCTIONS ON REVERSE							ORNIA ORM	110
COMMITTEE NAME						Page 2		
Re-Elect Croft for Council 2022						1.D. NUMBER		
 All committees must list the financial institution where the c 	ampaign b	ank account is located.			·			
NAME OF FINANCIAL INSTITUTION	ARFA	CODE/PHONE						
Farmers & Merchants Bank		602-8378	BANKACCO	UNT NUMBER				
ADDRESS	CITY	000 0010						
4909 Lakewood Blvd			STATE		IP CODE			
		ewood	CA		90712			
4. Type of Committee Complete the applicable sections								
Controlled Committee		•						
List the name of each controlling officeholder, candidate, or sta also list the elective office sought or held, and district number, List the political party with which each officeholder or candidate	ıı any, ano te is affiliat	the year of the election. ed or check "nonpartisan." Sta	ting "No pa	arty prefer	ence" is accep	otable		
If this committee acts jointly with another controlled committe	e, list the r	name and identification numbe	r of the oth	er control	led committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICAE	ILE)	YEAR OF ELECTION	PAR" CHECK	-		
teve Croft	Lakewo	Lakewood City Council		2022	Nonpartisan Partisan		(list political party below)	
	<u> </u>				1	[
]				Nonpartisan	Partisan	(list political pa	ty below)
						ļ		
Primarily Formed Committee Primarily formed to support or o	nnoce coo	eifie en alidata						
CANDIDATEIS NAME OF MEASURE/CLUM TITLE (MANAGEMENT)	phose sher	one candidates or measures in	a single ele	ction. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TER)	CANDIDATE(S) OFFICE S (INCLUDE DISTRIC	DUGHT OR HE	LD OR MEASU	RE(S) JURISDICTIO)N		
		INCLUDE DISTRIC	. r NO., CI) ? O!	COUNTY, AS	APPLICABLE)		CHECK	ONL OPPOSE
							JOPPUNI	OPPOSE
						···········	SUPPORT	OPPOSE

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE				CALIFORNIA 410
COMMITTEE NAME				Page 3
Re-Elect Croft for Council 2022				I.D. NUMBER
4. Type of Committee (Continued)				
LJ CITY Commit	upport or oppose specific candidates tee	or measures in a single election. Che mmittee	eck only one bo mittee	x:
ROVIDE BRIEF DESCRIPTION OF ACTIVITY			<u> </u>	
Sponsored Committee List additional sponsor	rs on an attachment		70 de 10	
	3 ON BU BUSCHNETT.			
IAME OF SPONSOR	INDUSTRY GR	OUP OR AFFILIATION OF SPONSOR		
TREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee		-		
Date qu	allied			
5. Termination Requirements By signing	the verification, the treasurer, assistant treas	urer and/or candidate, officeholder, or ponen	t certify that all of t	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;
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