Statement of C				Date Stamp	CALIFO				
Recipient Com	ımittee	<u>,</u>		CEIVED AND FILE		M TIO			
Statement Type	☐ Initial	✓ Amendment	☐ Termination – See Part 5	office of the Secretary of State of the State of California		Official Use Only			
	O Not yet qualified				2023 AUG -7	PM 3: 00			
(or O Date qualification threshold met	Date qualification threshold met	Date of termination	JUL 31 2023	CAMPAIGN DISCLOSUE	FINAL E			
	//	07 / 26 / 2023	//		Distribu-	in Anna Anna Aire			
1. Committee	Information I.D. Number	r 1446298	2. Treasurer and	Other Principal Office	rs				
NAME OF COMMITTEE	(If applicable)		NAME OF TREASURER	<u></u>					
Jeff Wood for La	kewood City Council 2024 - Dis	Mary Jane wood	Mary Jane wood						
			STREET ADDRESS (NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)					
					<u> </u>				
STREET ADDRESS (NO P.O.	.BOX)	···	CITY	STATE	ZIP CODE	AREA CODE/PHONE			
			Lakewood	CA	90713				
CITY	STATE ZIP C		NAME OF ASSISTANT TREASURI	ER, IF ANY					
Lakewood		713							
FULL MAILING ADDRESS (IF D(FFERENT)		STREET ADDRESS (NO P.O. BOX)	1					
E-MAIL ADDRESS (REQUIR	(ED) / FAX (OPTIONAL)		сіту	STATE	ZIP CODE	AREA CO DE/PHONE			
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S	S)					
Los Angeles City of Lakewood									
			STREET ADDRESS (NO P.O. BOX))					
Attach additiona	l information on appropriately l	beled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE			
3. Verificatio	n	T.		<u>.</u>					
I have used all re	easonable diligence in preparing	this statement and to the bes	st of my knowledge the inform	nation contained herein is tr	ue and complet	e. I certify under			
	ry under the laws of the State of				•	·			
Executed on 7/20	6/2023 By	May Jane 2	100D/						
Executed on 7/29	6/2023 By	YMT U	IGNATURE OF TREASURER OR ASSISTANT TREAS						
Executed on	DATE By		TROLLING OFFICEHOLDER, CANDIDATE, OR STAIL						
Executed on	DATE By	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROPONENT					

Statement of Organization Recipient Committee					4	CALIFO FOR		10	
NSTRUCTIONS ON REVERSE							Page 2		
COMMITTEE NAME Jeff Wood for Lakewood City Council 2024 - District 3						LD. NUMBER 1446298			
 All committees must list the financial institution where the ca 	mpaign ban	k account is located.							
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE	BANK ACCOL	JNT NUMBER					
Farmers and Merchants Bank	562-6	02-8378							
ADDRESS	CITY		STATE	ZII	CODE				
4909 Lakewood Boulevard	Lakev	vood	CA	g	0712J				
4. Type of Committee Complete the applicable sections				:					
Controlled Committee				<u> </u>					
List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, List the political party with which each officeholder or candida	if any, and t	he year of the election.				otable			
If this committee acts jointly with another controlled committee		·							
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PARTY (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK ONE							
Jeff Wood	Member of the Lakewood City Council District 3			2024	Nonpartisan	Partisan	(list political par	ty below)	
					Nonpartisan	Partisan	(list political par	ty below)	
Primarily Formed Committee Primarily formed to support or	oppose spec	ific candidates or measure	es in a single e	lection. Lis	t below:				
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LI IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.			FICE SOUGHTOR H DISTRICT NO., CITY			ON .	СНЕСК	ONE	
			·				SUPPORT	OPPOSE	
				<u></u>			SUPPORT	OPPOSE	

Statement of Organizati Recipient Committee	on			CALIFORNIA 410
INSTRUCTIONS ON REVERSE				Page 3
COMMITTEE NAME Jeff Wood for Lakewood City Co	uncil 2024 - District 3			LD. NUMBER 1446298
4. Type of Committee	(Continued)	:	. J.v. 	
General Purpose Committee	Not formed to support or op CiTY Committee	pose specific candidates or measures in COUNTY Committee	a single election. Check only one boom STATE Committee	c
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Sponsored Committee List a	additional sponsors on an attac	chment.		
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION O	OF SPONSOR	
STREET ADDRESS NO. AND STREE	т	CITY	STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee		•		
5. Termination Requirer	Date qualified Nents By signing the verification	n, the treasurer, assistant treasurer and/or cand	idate, 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.