

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input checked="" type="checkbox"/> Termination – See Part 5 Date of termination 06 / 13 / 2024
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Date Stamp	CALIFORNIA FORM 410 For Official Use Only
5053	06/13/2024

1. Committee Information				2. Treasurer and Other Principal Officers					
I.D. Number (if applicable) 1446298				NAME OF TREASURER Mary Jane Wood					
NAME OF COMMITTEE Jeff Wood for Lakewood City Council 2024 - District 3				STREET ADDRESS (NO P.O. BOX)		CITY Lakewood	STATE CA	ZIP CODE 90713	
STREET ADDRESS (NO P.O. BOX)				EMAIL ADDRESS OF TREASURER (REQUIRED) JeffWood2024@gmail.com					
CITY Lakewood				STATE CA		ZIP CODE 90713		AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY					
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) JeffWood2024@gmail.com				STREET ADDRESS (NO P.O. BOX)					
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Lakewood		CITY		STATE		ZIP CODE	
Attach additional information on appropriately labeled continuation sheets.				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)					
				NAME OF PRINCIPAL OFFICER(S)					
				STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)					

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 06/13/2024 By Mary Jane Wood SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/13/2024 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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COMMITTEE NAME Jeff Wood for Lakewood City Council 2024 - District 3	I.D. NUMBER 1446298
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Farmers and Merchants Bank	AREA CODE/PHONE 562-602-8378	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION 4909 Lakewood Boulevard	CITY Lakewood	STATE CA	ZIP CODE 90712
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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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Jeff Wood	Member of the City Council - District 3	24	Nonpartisan	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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COMMITTEE NAME

Jeff Wood for Lakewood City Council 2024 - District 3

I.D. NUMBER

1446298

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, 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.