

**Officeholder and Candidate
Campaign Statement -
Short Form**

409w

5124

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information Regina L. Woods

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS
Whittier

CITY

STATE CA ZIP CODE 90603

AREA CODE/DAYTIME PHONE NUMBER 562-382-5785

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

BOARD MEMBER

JURISDICTION (LOCATION) LOWELL JOINT SCHOOL DISTRICT

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6.10.2024 DATE

OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form