

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial

Not yet qualified  
or  
Date qualification threshold met

Amendment

Termination – See Part 5

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Stamp

City Clerk's Copy

CITY OF SIGHT  
JUL 10 2024

**CALIFORNIA  
FORM**

**410**

For Official Use Only

**1. Committee Information**

**I.D. Number  
(if applicable)**

1392824

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Woods-Lori4Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
SIGNAL HILL CA 90755 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  
lori4council@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Los Angeles City of Signal Hill

*Attach additional information on appropriately labeled continuation sheets.*

**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 7.9.24

DATE

By

EASURER OR ASSISTANT TREASURER

Executed on 7.9.24

DATE

By

HOLDER, CANDIDATE, OR STATE MEASURE PROPO

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPO

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPO

original mailed  
FPPC 7/9/24

FPPC Form 410 (October/2023)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**

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COMMITTEE NAME Woods-Lori4Council 2024	I.D. NUMBER 1392824	
<ul style="list-style-type: none"> <li>• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</li> </ul>		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS U.S. Bank	AREA CODE/PHONE 562.988.9600	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION 2615 Cherry Avenue	CITY Signal Hill	STATE CA
ZIP CODE 90755		

**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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
LORI Y. WOODS	SIGNAL HILL CITY COUNCIL	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>