

Officeholder and Candidate  
Campaign Statement -  
Short Form

(4) ew

5724

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

\_\_\_\_\_

Amendment (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 JUN 10 PM 1:18  
CAMPAIGN FINANCE

CALIFORNIA  
FORM 470  
For Official Use Only  
02716

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information Regina L. Woods

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS \_\_\_\_\_

Whittier CA 90603

CITY STATE ZIP CODE

562.382.5785

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

BOARD MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

LOWELL JOINT SCHOOL DISTRICT

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 By \_\_\_\_\_

DATE OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form