

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

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

Amendment (Explain Below)

6113

Date Stamp

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CITY OF LAKEWOOD
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CALIFORNIA FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 25 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Steve Croft

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

Lakewood CA 90712

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

[REDACTED] stacro@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Lakewood City Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

City of Lakewood #2

4. Committee Information

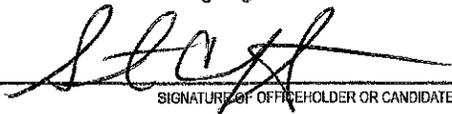
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
None		

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 07/28/2025 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE