

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>CALIFORNIA FORM 460</b>
<b>RECEIVED</b>	
JAN 30 2023	Page <u>1</u> of <u>2</u>
<b>CITY CLERK</b>	For Official Use Only

Statement covers period from <u>10/23/22</u> through <u>12/31/22</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/22</u>
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SEE INSTRUCTIONS ON REVERSE

<b>1. Type of Recipient Committee:</b> All Committees – Complete Parts 1, 2, 3, and 4. <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small>  <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee  <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small>  <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small>	<b>2. Type of Statement:</b> <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below)  <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report
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<b>3. Committee Information</b> COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Diane Lazard for City Council</u>  STREET ADDRESS (NO P.O. BOX) <u>[REDACTED] CA 95330 [REDACTED]</u> CITY STATE ZIP CODE AREA CODE/PHONE <u>Lathrop CA 95330 [REDACTED]</u> MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX <u>Lathrop CA 95330 [REDACTED]</u> CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS	I.D. NUMBER  <b>Treasurer(s)</b> NAME OF TREASURER <u>Diane Lazard</u> MAILING ADDRESS <u>[REDACTED]</u> STATE ZIP CODE AREA CODE/PHONE <u>Lathrop CA 95330 [REDACTED]</u> NAME OF ASSISTANT TREASURER, IF ANY <u>[REDACTED]</u> MAILING ADDRESS <u>Lathrop CA 95330 [REDACTED]</u> CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS
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**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that

Executed on <u>1/26/2023</u> <small>Date</small>	<u>[REDACTED]</u> <small>Assistant Treasurer</small>
Executed on <u>1/26/2023</u> <small>Date</small>	<u>[REDACTED]</u> <small>Measure Proponent or Responsible Officer of Sponsor</small>
Executed on _____ <small>Date</small>	By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small>
Executed on _____ <small>Date</small>	By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small>

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10-23-22</u> through <u>12/31/22</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2</u> of <u>2</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ _____	\$ _____
2. Loans Received..... Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ _____	\$ _____
4. Nonmonetary Contributions..... Schedule C, Line 3	<del>2862</del>	2802
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4	<del>2862</del> 2302	2302

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	\$ <u>2802</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ _____	\$ _____
7. Loans Made..... Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... Schedule G, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ _____	\$ _____

Expenditure Limit Summary for State Candidates	Date of Election (mm/dd/yy)	Total to Date
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	____/____/____	\$ _____
	____/____/____	\$ _____

Current Cash Statement	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ _____
13. Cash Receipts ..... Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	_____
15. Cash Payments ..... Column A, Line 8 above	<u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ _____
18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

\*Amounts in this section may be different from amounts reported in Column B.