

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

Date Stamp	CALIFORNIA FORM 470
OCT 26 2022	For Official Use Only

Date of election if applicable: (Month, Day, Year) <u>11/8/22</u>	<input checked="" type="checkbox"/> Amendment (Explain Below) <u>Qualified</u> <u>10/17/22</u>
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Diane Lazard

STREET ADDRESS
[REDACTED]

CITY Lathrop STATE CA ZIP CODE 95330

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Lathrop City Council

JURISDICTION (LOCATION)
Lathrop

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

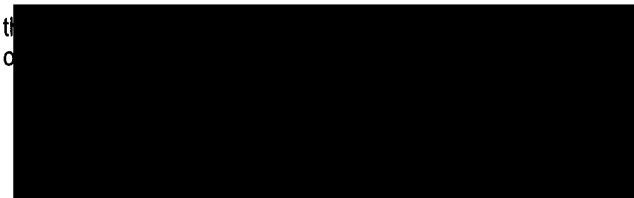
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>Diane Lazard for City Council</u>	<u>Lathrop, CA 95330</u>	<u>Diane Lazard</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$500 in contributions 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 California that the information provided is true and correct.

Executed on 10/24/22 DATE



**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

Amendment (Explain Below)
qualified
10/17/22

Date Stamp
OCT 26 2022

**CALIFORNIA
FORM 470
SUPPLEMENT**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Diane Lazard

STREET ADDRESS

[REDACTED]

CITY

Lathrop

STATE

CA

ZIP CODE

95330

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

2. Office Sought

OFFICE SOUGHT

Lathrop City Council

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11/6/22

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

10/24/22 ^{Dr} 10/17/22
(MONTH, DAY, YEAR)