

Candidate Intention Statement

Date Stamp RECEIVED JUL 25 2022 CITY CLERK CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Lazard Diane Rose DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) STREET ADDRESS Council Member City of Lathrop OFFICE SOUGHT (POSITION TITLE) City of Lathrop AGENCY NAME City of Lathrop DISTRICT NUMBER, if applicable. [] NON-PARTISAN OFFICE [X] PARTY PREFERENCE: (Check one box, if applicable.) [] State (Complete Part 2.) [X] City [] County [] Multi-County: _____ (Name of Multi-County Jurisdiction) 2022 (Year of Election) [X] PRIMARY / GENERAL [] SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

[] I accept the voluntary expenditure ceiling for the election stated above.

[] I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

[] I did not exceed the expenditure ceiling in the primary or special election held on ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

[] On, ___/___/___ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/25/20 (month, day, year) Signature [REDACTED]