

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b>	<input type="checkbox"/> <b>Amendment</b>	<input checked="" type="checkbox"/> <b>Termination – See Part 5</b>
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	06 / 03 / 2020

Date Stamp	<b>CALIFORNIA FORM 410</b>
RECEIVED	
JUL 15 2020 CITY CLERK	
For Official Use Only	

<b>1. Committee Information</b>				<b>2. Treasurer and Other Principal Officers</b>			
I.D. Number 1413968 <i>(if applicable)</i>							
NAME OF COMMITTEE <b>Diane Lazard for Lathrop City Council</b>				NAME OF TREASURER <b>Gloryana Rhodes</b>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY <b>Lathrop</b>		STATE <b>CA</b>		ZIP CODE <b>95330</b>		AREA CODE/PHONE [REDACTED]	
NAME OF ASSISTANT TREASURER, IF ANY							
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX)			
CITY		STATE		ZIP CODE		AREA CODE/PHONE	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]							
COUNTY OF DOMICILE <b>San Joaquin</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Lathrop</b>		NAME OF PRINCIPAL OFFICER(S)			
STREET ADDRESS (NO P.O. BOX)							
CITY				STATE		ZIP CODE	
Attach additional information on appropriately labeled continuation sheets.							

**3. Verification**

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

Executed on 7/15/2020 By \_\_\_\_\_ TREASURER

Executed on 7/15/2020 By \_\_\_\_\_ STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp <b>RECEIVED</b> <b>JUL 15 2020</b> <b>CITY CLERK</b>	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>2</u>	
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Statement covers period  
from 02/01/2020  
through 06/30/2020

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

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)   |  |

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Diane Lazard for Lathrop City Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Lathrop CA 95330

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

Lathrop CA 95330

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Gloryanna Rhodes

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Lathrop CA 95330

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**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 the foregoing is true and correct.

Executed on 7/30/2020  
Date

Executed on 7/30/2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent