

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p>November 8, 2022</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp</p> <p>RECEIVED</p> <p>OCT 17 2022</p> <p>CITY OF RIPON</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Tamra Spade

STREET ADDRESS
839 Spring Creek Drive

CITY STATE ZIP CODE
Ripon CA 95366

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(209) 620-6859

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Ripon City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Ripon, California, San Joaquin County

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
Tamra Spade for Ripon City Council	839 Spring Creek Drive, Ripon, CA 95366	Gary Komatsu

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 10-17-22
DATE

By Tamra Spade
SIGNATURE OF OFFICEHOLDER OR CANDIDATE