

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



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

11/8/2022

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Lisa Baker

STREET ADDRESS  
508 Dorset Court

CITY STATE ZIP CODE  
Winters CA 95694

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

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Winters City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
City of Winters

**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
Elect Lisa Baker	508 Dorset Court, Winters, CA 95694	Ramon Altamirano

**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 August 1, 2022  
DATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE