STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

NAME OF FILER
(LAST) Lambert
(FIRST) Nicholas
(MIDDLE) R

1. Office, Agency, or Court

Agency Name: John C. Fremont Healthcare District
Board of Directors
Division, Board, Department, District, if applicable
Your Position

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: ____________________________ Position: ____________________________

2. Jurisdiction of Office (Check at least one box)

☐ State
☐ Multi-County
☐ City of
☐ County of Mariposa
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Leaving Office: Date Left ____________/__________
☐ The period covered is ____________/__________, through December 31, 2021.
☐ The period covered is ____________/__________, through the date of leaving office.
☐ Assuming Office: Date assumed ____________/__________

☑ Candidate: Date of Election 8/22/22 and office sought, if different than Part 1:

4. Schedule Summary (must: complete) □ Total number of pages including this cover page: __________

Schedules attached
☐ Schedule A-1 - Investments — schedule attached
☐ Schedule A-2 - Investments — schedule attached
☐ Schedule B - Real Property — schedule attached
☐ Schedule C - Income, Loans, & Business Positions — schedule attached
☐ Schedule D - Income - Gifts — schedule attached
☐ Schedule E - Income - Gifts - Travel Payments — schedule attached

☐ None - No reportable interests on any schedule

5. Verification

(City or Agency Address Recommended - Public Document)

Daytime Telephone Number 209-626-9365
Email Address: Lambert @stic, ref

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 8/22/02

Signature
Print Clear
Candidate Intention Statement

Check One:  ☐ Initial  □ Amendment (Explain) ________________________________

1. Candidate Information:

NAME OF CANDIDATE: Lambert, Nicholas Ryan
DAYTIME TELEPHONE NUMBER: (209) 626-0365
FAX NUMBER (optional) ________________________________
EMAIL (optional) nlambert@sti.net
STREET ADDRESS: ________________________________
CITY: Mariposa
STATE: CA
ZIP CODE: 95338

OFFICE SOUGHT (POSITION TITLE): JCF Healthcare District Board of Directors
AGENCY NAME: John C. Fremont Healthcare District
DISTRICT NUMBER, if applicable: 2022
□ NON-PARTISAN OFFICE
PARTY PREFERENCE: ☑ PRIMARY / GENERAL
☑ Special / Runoff

OFFICE JURISDICTION
☐ State (Complete Part 2.)
☐ City  □ County  □ Multi-County: ________________________________
(Name of Multi-County Jurisdiction)

2. State Candidate Expenditure Limit Statement:

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

☐ 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.

☐ 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 2/12/2022 (month, day, year) ________________________________
Signature ________________________________ (Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Officeholder and Candidate Campaign Statement - Short Form**

**1. Statement Covers Calendar Year 2022**

| November 8, 2022 |

| 22 |

**2. Officeholder or Candidate Information**

| **NAME OF OFFICEHOLDER OR CANDIDATE** |
| Nicholas R. Lambert |

| **STREET ADDRESS** |
| |

| **CITY** |
| Mariposa |

| **STATE** |
| CA |

| **ZIP CODE** |
| 95338 |

| **AREA CODE/DAYTIME PHONE NUMBER** |
| 209-626-9365 |

| **EMAIL ADDRESS** |
| nlambert@sti.net |

**3. Office Sought or Held**

| **OFFICE SOUGHT OR HELD** |
| John C. Fremont Healthcare District Board of Directors |

| **JURISDICTION (LOCATION)** |
| Mariposa County |

| **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** |
| |

**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**
  - 09/28/2022

- **DATE**
  - 

- **SIGNATURE OF OFFICEHOLDER OR CANDIDATE**

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FPPT Form 470/470 Supplement (Jan/2016)
FPPT Advice: advice@fppc.ca.gov (866/276-3772)
www.fppc.ca.gov