

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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NAME OF FILER (LAS	T) (FIRST)		(MIDDLE)
Russell	Dianne		
1. Office, Agen	cy, or Court		
	Do not use acronyms)		
City of Costa	· ,		
	Department, District, if applicable		Your Position
			Planning Commissioner
. If filling for my	iliala pasitisas list halau an an an attachasant	/Da mat	Planning Commissioner
► If filling for mu	Iltiple positions, list below or on an attachment	. (Do not us	se acronyms)
Agency:			Position:
2. Jurisdiction	of Office (Check at least one box)		
State			 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County			County of
■ City of Cos			Other
3. Type of Sta	tement (Check at least one box)		_
× Annual: Th	ne period covered is January 1, 2022 , through ecember 31, 2022 .		Leaving Office: Date Left
	ne period covered is/	, through	The period covered is January 1, 2022, through the date of leaving officeor-
Assuming (Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate:	Date of Election and	office sought	nt, if different than Part 1:
4. Schedule S	ummary (required) ► Tot	al number	r of pages including this cover page:
Schedules			
☐ Schedule	e A-1 - Investments – schedule attached	Г	Schedule C - Income, Loans, & Business Positions – schedule attached
	e A-2 - Investments – schedule attached		Schedule D - Income – Gifts – schedule attached
=	e B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
_	, ,		_
-or- ⋈ None	- No reportable interests on any sche	edule	
5. Verification			
MAILING ADDRESS	STREET	CITY	STATE ZIP CODE
(Business or Agency 77 Fair Dr	Address Recommended - Public Document)	Costo	a Mesa CA 92626-6520
DAYTIME TELEPHO	NE NUMBER	Costa	EMAIL ADDRESS
()			
	easonable diligence in preparing this statement. y attached schedules is true and complete. I		iewed this statement and to the best of my knowledge the information containe
	penalty of perjury under the laws of the Sta	•	·
Date Signed	01/19/2023 02:15 PM (month, day, year)	5	Signature Dianne Russell (File the originally signed paper statement with your filing official.)
	(monai, uay, year)		ti no aro originally signed paper statement with your lilling Unicial.)