

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

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

2022

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
	For Official Use Only

1. Statement Covers Calendar Year 20 ²⁵ _____ .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Austin Lumbard

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

Tustin CA 92782

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

OFFICE SOUGHT OR HELD

Mayor

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

City of Tustin

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
Not Applicable		

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 01/20/2026 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

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

Amendment (Explain Below)



CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 25 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Austin Lombard

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Tustin CA 92782

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Mayor

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

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
Not Applicable		

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 07/25/2025
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE