

Rejected: 1
 Returned: 48-847-22

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**Statement of Organization
 Recipient Committee**

Statement Type

Initial
 Amendment
 Termination - See _____

Not yet qualified
 or
 Date qualification threshold met

_____/_____/_____
 _____/_____/_____

Date of termination
 _____/_____/_____

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
AUG 15 2022

CALIFORNIA FORM 410
 For Official Use Only
 R/D

1. Committee Information I.D. Number _____
 (if applicable)

NAME OF COMMITTEE
 JOHN THANH DO MAYOR OF LATHROP 2022

STREET ADDRESS (NO P.O. BOX)
 _____ Lathrop 95330

CITY STATE ZIP CODE AREA CODE/PHONE
 Lathrop CA 95330 _____

FULL MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE AREA CODE/PHONE
 As above

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 San Joaquin Lathrop

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 JOHN THANH DO

STREET ADDRESS (NO P.O. BOX)
 _____ SEP 22 2022

CITY STATE ZIP CODE AREA CODE/PHONE
 LATHROP CA 95330 _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is correct.

Executed on 8/09/22 By _____
DATE TREASURER OR ASSISTANT TREASURER

Executed on 8/09/22 By _____
DATE MEMBER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
JOHN THANTH DO MAYOR OF LATHROP 2022

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF AMERICA	AREA CODE/PHONE 209-824-8681	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 102 E. YOSEMITE AVE.	CITY MANTECA	STATE ZIP CODE CA 95336

4. Type of Committee Complete the applicable sections.
Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
JOHN THANTH DO	CITY OF LATHROP MAYOR	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>