RECEIVED

Statement of Organization Recipient Committee			AUG 29 2022	Date Stamp	CALIFORNIA 410		
•			ITY CLERK		FORM		
Statement Type	✓ Initial	Amendment [Termination - See Part 5		For Official L	Jse Only	
	Not yet qualified						
	O Date qualification threshold met	Date qualification threshold met	Date of termination				
	/	/	/				
	e Information I.D. Number	er	2. Treasurer and 0	Other Principal Officers			
NAME OF COMMITTEE		2000 00	NAME OF TREASURER				
Committee to El	lect Paul Akinjo for Lathrop City	Council 2027	Paul Akinjo	*			
			STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O	. BOX)		CITY	STATE	ZIP CODE ARE	A CODE/PHONE	
			Lathrop	CA	95330		
CITY	STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,				
Lathrop	CA 95	330	N/A				
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
			N/A				
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE ARE	A CODE/PHONE	
			N/A				
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
San Joaquin	City Of Lathrop		N/A				
			STREET ADDRESS (NO P.O. BOX) N/A				
			CITY	STATE ·	ZIP CODE ARE	A CODE/PHONE	
Attach additiona	Il inform <mark>ation on appropriately l</mark> a	beled continuation sheets.	N/A	_	.,	4 · 4 · 3	
3. Verificatio	n						
I have used all re	easonable diligence in prepai		f lge the inf		d complete. I certi	fy under	
penalty of perjui	ry under the laws of the State		ect.		a complete, recru	ity dildei	
Executed on	(126/22						
CXECUTED OIL	DATE		OR ASSISTANT		maniferrord print municipal and the		
Executed on	96/22 By				*		
	CDATE		CANDIDATE, OR STAT		Approximation of Champions		
Executed on	DATE By	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE M	FASURE PROPONENT			
Executed on	By	SIGNATURE OF SOMETHO	I Trounded in anitological and Intelle	a			
ENCOURCE OII	DATE	SIGNATURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STATE M	IEASURE PROPONENT	THE SHARE OF STREET, STREET		

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization **Recipient Committee**

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

Committee to Elect Paul Akinjo for Lathrop City Council 2020	I.D. NUMBER						
All committees must list the financial institution where the campaign bank account is located.							
NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE BANK ACCOUNT NUMBER							
Wells Fargo Bank							
ADDRESS	CITY	STATE	ZIP CODE				
160 N Main St	Manteca	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/OFFICEROLDER/STATE WICASONE PROFONENT	(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	CHECK	ONE		
Paul Akinjo	Lathrop City Councilmember		Nov 8th 202	Nonpartisan	Partisan	(list political party below)	
				Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or op CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	cific candidates or measures in a single ele CANDIDATE(S) OFFICE SOUGHT OR HEI (INCLUDE DISTRICT NO., CITY O	LD OR MEASU	RE(S) JURISDICT	ION	СНЕСК	ONE	
						SUPPORT	OPPOSE
						SUPPORT	OPPOSE

ELECTIVE OFFICE SOUGHT OR HELD

YEAR OF

PARTY

Statement of Organization Recipient Committee

ECEIVED

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CALIFORNIA 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Vit

CITY CLERK

I.D. NUMBER

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Commimittee to Elect Paul Akinjo for Lathrop City Council

2023

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4. Type of Committee	(Continued)					
General Purpose Committee	Not formed to support or oppose CITY Committee		andidates or measures in a single ele UNTY Committee	ection. Check		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee List a	additional sponsors on an attachme	nt.				
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS NO. AND STREI	ET	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	□/					
	Data qualified					

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met: This committee has ceased to receive contributions and make expenditures;

- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.