

RECEIVED

AUG 15 2022

CITY CLERK

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

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

NAME OF COMMITTEE

JOHN THANH DO MAYOR OF LATHROP 2022

STREET ADDRESS (NO P.O. BOX)

[Redacted] Lathrop 95330

CA 95330

AREA CODE/PHONE

Lathrop

CA

95330

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

As above

COUNTY OF DOMICILE

San Joaquin

JURISDICTION WHERE COMMITTEE IS ACTIVE

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)

CITY

LATHROP

STATE

CA

ZIP CODE

95330

AREA CODE/PHONE

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 foregoing is true and correct.

Executed on

8/09/22

DATE

By

[Redacted Signature]

TREASURER OR ASSISTANT TREASURER

Executed on

8/09/22

DATE

By

[Redacted Signature]

OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED

AUG 15 2022

CITY CLERK

CALIFORNIA FORM 410

Page 2

I.D. NUMBER

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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 PROONENT

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY CHECK ONE

Table with 6 columns: Name of Candidate/Officeholder/State Measure Proponent, Elective Office Sought or Held, Year of Election, Party (Nonpartisan/Partisan), and (list political party below). Handwritten entry: JOHN THAWH DO, CITY OF LATHROP MAYOR, 2022, Nonpartisan (checked).

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

Table with 4 columns: Candidate/Measure Name, Jurisdiction, Support, and Oppose. Two empty rows for data entry.