

**Recipient Committee
Campaign Statement
Cover Page**

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CALIFORNIA FORM **460**
Page 1 of 4
For Official Use Only

Statement covers period
from 01/01/22
through 03/31/22

Date of election if applicable:
(Month, Day, Year)
11/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
(Also Complete Part 5)
- General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
- Primarily Formed Ballot Measure
Committee
Controlled
Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment *(Explain below)*
Filed with wrong amount for bank charges.
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

ID NUMBER 1430788

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Diallo for Lathrop City Council, 2020
Minnie

STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY Lathrop STATE CA ZIP CODE 95330 AREA CODE/PHONE [REDACTED]

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
[REDACTED]
CITY Lathrop STATE CA ZIP CODE 95330 AREA CODE/PHONE [REDACTED]

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Minnie Diallo

[REDACTED] STATE CA ZIP CODE 95330 AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the foregoing information and the attached schedules is true and complete. I

Executed on 01/29/2024 Date

Executed on 01/29/2024 Date

Executed on _____ Date

Executed on _____ Date

By [REDACTED]

By [REDACTED] Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Minnie & Cotton "Diallo"

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Lathrop City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
[REDACTED] Lathrop CA 98380

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/22 through 06/30/22

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Minnie Diallo

I.D. NUMBER

1430788

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	<u>0</u>	<u>7,180.00</u>
2. Loans Received..... Schedule B, Line 3	<u>0</u>	<u>900.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	<u>0</u>	<u>8,080.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>0</u>	<u>2,689.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	<u>0</u>	<u>10,769.00</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0 \$ 10,769.00

21. Expenditures Made \$ 96.00 \$ 9392.15

Expenditures Made

6. Payments Made..... Schedule E, Line 4	<u>96.00</u>	<u>6,703.15</u>
7. Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	<u>96.00</u>	<u>6,703.15</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0</u>	<u>2,689.00</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>0</u>	<u>9392.15</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	<u>96.00</u>	<u>9392.15</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) _____ Total to Date _____

_____ \$ _____

_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	<u>1472.85</u>	\$ _____
13. Cash Receipts..... Column A, Line 3 above	<u>0</u>	\$ _____
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>96.00</u>	\$ _____
15. Cash Payments..... Column A, Line 8 above	<u>1376.85</u>	\$ _____
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15		\$ _____

If this is a termination statement, Line 16 must be zero.

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule E
Payments Made**

CALIFORNIA **460**
FORM

Statement covers period
from 01/01/22
through 06/30/22

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NAME OF FILER

Minnie Diallo

ID NUMBER

1430788

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>BANK of AMERICA 210 Doctor MIK #8 Blvd STOCKTON, CA 95206</u>	<u>PRO</u>		<u>Banking Fees</u>	<u>\$96.00</u>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$ 96.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals) \$ 96.00
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6) **TOTAL \$ 96.00**