

**Recipient Committee  
Campaign Statement  
Cover Page**

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**CITY CLERK**

CALIFORNIA FORM **460**

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For Official Use Only

Statement covers period  
from 07/01/22  
through 12/31/22

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

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)
- Quarterly Statement
- Special Odd-Year Report

*Filed with wrong amount for bank charges.*

**3. Committee Information**

I.D. NUMBER 1430788

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Diallo For Lathrop City Council, 2020  
Minnie

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE PHONE

Lathrop CA 95330

OPTIONAL FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE PHONE

Lathrop CA 95330

OPTIONAL FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Minnie Diallo

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Lathrop CA 95330

NAME OF ASSISTANT TREASURER, IF ANY

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 to certify under penalty of perjury under the laws of the State of California that the foregoing schedules is true and complete.

Executed on 01/29/2024

By \_\_\_\_\_

Executed on 01/29/2024

By \_\_\_\_\_

Executed on \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
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Cover Page -- Part 2

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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 OR 97130

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 07/01/22 through 12/31/22

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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	<u>0</u>	<u>7,180.00</u>
2. Loans Received	<u>0</u>	<u>900.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<u>0</u>	<u>8,080.00</u>
4. Nonmonetary Contributions	<u>0</u>	<u>2,089.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<u>0</u>	<u>10,169.00</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	<u>0</u>	<u>10,169.00</u>
21. Expenditures Made	<u>0</u>	<u>9,488.15</u>

## Expenditures Made

6. Payments Made	<u>96.00</u>
7. Loans Made	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	<u>96.00</u>
9. Accrued Expenses (Unpaid Bills)	<u>0</u>
10. Nonmonetary Adjustment	<u>0</u>
11. TOTAL EXPENDITURES MADE	<u>96.00</u>

## Expenditure Limit Summary for State Candidates

Date of Election (mm/dd/yy)	Total to Date
<u>07/01/22</u>	<u>96.00</u>
<u>12/31/22</u>	<u>96.00</u>

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

## Current Cash Statement

12. Beginning Cash Balance	<u>1,376.85</u>
13. Cash Receipts	<u>0</u>
14. Miscellaneous Increases to Cash	<u>0</u>
15. Cash Payments	<u>96.00</u>
16. ENDING CASH BALANCE	<u>1,280.85</u>

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).

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

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

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	<u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<u>0</u>
19. Outstanding Debts	<u>0</u>

**Schedule E  
Payments Made**

Statement covers period  
 from 07/01/22  
 through 12/31/22

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1430788

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SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
Minnie Diallo

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Bank of America 210 MLK Jr Blvd Stockton, CA 95206</u>	<u>PRO</u>		<u>BANK FEES</u>	<u>96.00</u>

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

SUBTOTAL \$

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 96.00
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) ..... \$ 0
- 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