

Officeholder and Candidate
Campaign Statement –
Short Form

RECEIVED

CALIFORNIA
FORM

470

SEP 29 2022

CITY CLERK

For Official Use Only

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

NOV 2022

Amendment (Explain Below)

NOT
Qualification
1453201

1. Statement Covers Calendar Year 2022

NO OPEN COMMITTEE
ONLY

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

PAUL AKINJO

CITY

Latrop

STATE

CA

ZIP CODE

95330

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

COUNCIL MEMBER

JURISDICTION (LOCATION)

SAN JOAQUIN

DISTRICT NUMBER
(IF APPLICABLE)

N/A

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

ELECT PAUL AKINJO
LATROP CITY COUNCIL

COMMITTEE ADDRESS

[REDACTED]
Latrop CA 95330

NAME OF TREASURER

PAUL AKINJO

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ [REDACTED] all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided on this statement is true and correct.

Executed on

Sept 29th 2022

DATE

By

[REDACTED SIGNATURE]

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

Amendment (Explain Below) **NOT**
Qualification
1453201
Open Committee Only

Date Stamp
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CITY CLERK

CALIFORNIA
FORM
470
SUPPLEMENT
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SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

PAUL AKINDO

STREET ADDRESS

CITY

LATHROP

STATE

CA

ZIP CODE

95830

AREA CODE / DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

COUNCIL MEMBER

DISTRICT NUMBER
(IF APPLICABLE)

N/A

DATE OF ELECTION (MONTH, DAY, YEAR)

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

(MONTH, DAY, YEAR)