

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	____/____/____	03 / 21 / 2023

Date Stamp

RECEIVED

MAR 21 2023

CITY CLERK

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information				I.D. Number 1453201 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers							
NAME OF COMMITTEE ELECT PAUL AKINJO FOR LATHROP CITY COUNCIL								NAME OF TREASURER PAUL AKINJO							
STREET ADDRESS (NO P.O. BOX) [REDACTED]								STREET ADDRESS (NO P.O. BOX) [REDACTED]							
CITY LATHROP		STATE CA		ZIP CODE 95330		AREA CODE/PHONE [REDACTED]		CITY LATHROP		STATE CA		ZIP CODE 95330		AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)								NAME OF ASSISTANT TREASURER, IF ANY							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]								STREET ADDRESS (NO P.O. BOX)							
COUNTY OF DOMICILE SAN JOAQUIN COUNTY				JURISDICTION WHERE COMMITTEE IS ACTIVE LATHROP CALIFORNIA				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								CITY STATE ZIP CODE AREA CODE/PHONE							
Attach additional information on appropriately labeled continuation sheets.															

3. Verification

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

Executed on 3/21/2023 By _____

Executed on 3/21/2023 By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME ELECT PAUL AKINJO FOR LATHROP CITY COUNCIL	ID NUMBER 1453201
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION WELLS FARGO	AREA CODE/PHONE 1-800-2255935	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS P O BOX 6995	CITY PORTLAND	STATE OR	ZIP CODE 97228
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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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
PAUL AKINJO	LATHROP CITY COUNCIL MEMBER	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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	
PAUL AKINJO	LATHROPP CITY COUNCIL MEMBER	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME
ELECT PAUL AKINJO FOR LATHROP CITY COUNCIL

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
COMMITTEE TO ELECT PAUL AKINJO TO LATHROP CITY COUNCIL

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE

Small Contributor Committee _____/_____/_____
Date 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.