

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Amendment</b> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Termination – See Part 5</b> Date of termination _____/_____/_____
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Date Stamp <b>RECEIVED</b> <b>AUG 07 2023</b> <b>CITY CLERK</b>	<b>CALIFORNIA</b> <b>FORM 410</b> <small>For Official Use Only</small>
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1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>PAUL AKINJO FOR LATHROP MAYOR 2024</b>				NAME OF TREASURER <b>PAUL AKINJO</b>				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY <b>LATHROP</b>		STATE <b>CA</b>		ZIP CODE <b>95330</b>		AREA CODE/PHONE [REDACTED]	
CITY <b>LATHROP</b>		STATE <b>CA</b>		ZIP CODE <b>95330</b>		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				NAME OF PRINCIPAL OFFICER(S) <b>PAUL AKINJO</b>				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE <b>SAN JOAQUIN</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>CITY OF LATHROP</b>		CITY <b>LATHROP</b>		STATE <b>CA</b>		ZIP CODE <b>95330</b>		AREA CODE/PHONE [REDACTED]	
<i>Attach additional information on appropriately labeled continuation sheets.</i>				CITY STATE ZIP CODE AREA CODE/PHONE							

**3. Verification**

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

Executed on 08/07/2023 By \_\_\_\_\_

Executed on 08/07/2023 By \_\_\_\_\_

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

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

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME PAUL AKINJO LATHOP MAYOR 2024	I.D. NUMBER
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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 18008693557 2098237162	BANK ACCOUNT NUMBER	
ADDRESS 160 N MAIN ST	CITY MANTECA	STATE CA	ZIP CODE 95336

**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	MAYOR CITY OF LATHROP	NOV 2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME

PAUL AKINJO LATHROP MAYOR 2024

**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

**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.