

**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 of termination
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	01, 30, 2024

Date Stamp	CALIFORNIA FORM 410
RECEIVED	For Official Use Only
JAN 29 2024	
CITY CLERK	

1. Committee Information	I.D. Number 1430788 <small>(if applicable)</small>	2. Treasurer and Other Principal Officers
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NAME OF 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]

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
[REDACTED] Lathrop, CA 95330

COUNTY OF DOMICILE _____ **JURISDICTION WHERE COMMITTEE IS ACTIVE** _____

Attach additional information on appropriately labeled continuation sheets.

NAME OF TREASURER _____

STREET ADDRESS (NO P.O. BOX) _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

EMAIL ADDRESS OF TREASURER (REQUIRED) _____ **AREA CODE/PHONE** _____

NAME OF ASSISTANT TREASURER, IF ANY _____

STREET ADDRESS (NO P.O. BOX) _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) _____ **AREA CODE/PHONE** _____

NAME OF PRINCIPAL OFFICER(S) _____

STREET ADDRESS (NO P.O. BOX) _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) _____ **AREA CODE/PHONE** _____

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge, 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 correct.

Executed on 01/30/2024 By [REDACTED] ASSISTANT TREASURER

Executed on 01/30/2024 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME: Diallo For Lathrop City Council; 2020 Minnio I.D. NUMBER: 1430788

All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS: BANK of America AREA CODE/PHONE: 709-944-5231 BANK ACCOUNT NUMBER: [REDACTED]

ADDRESS OF FINANCIAL INSTITUTION: 210 MLK Jr. Blvd CITY: Stockton STATE: CA ZIP CODE: 95204

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	(list political party below)
<u>Minnie "Cotton" Diallo</u>	<u>Lathrop City Council</u>	<u>2020</u>	<input checked="" type="checkbox"/> Nonpartisan	
			<input type="checkbox"/> Partisan	

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.	CHECK ONE
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

1430788

COMMITTEE NAME
Diallo For Lathrop City Council 2020: Minnie

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

Fundraising for City Council Race

List additional sponsors on an attachment.

Sponsored Committee

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.