

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
RECEIVED
JAN 29 2024
CITY CLERK

CALIFORNIA FORM **460**
Page 1 of 4
For Official Use Only

Statement covers period
from 01/01/23
through 07/01/23

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

ID NUMBER 1430788

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Diallo For Lathrop City Council, 2020
Minnie

STREET ADDRESS (NO PO BOX)
[REDACTED]

CITY Lathrop STATE CA ZIP CODE 95330 AREA CODE/PHONE [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]

CITY Lathrop STATE CA ZIP CODE 95330 AREA CODE/PHONE [REDACTED]

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Minnie Diallo

MAILING ADDRESS
[REDACTED]

CITY Lathrop STATE CA ZIP CODE 95330 AREA CODE/PHONE

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

Executed on 01/29/2024 By [REDACTED]

Executed on 01/29/2024 By [REDACTED] Sponsor

Executed on _____ By _____
Signature of Controlling Officeholder Candidate State Measure Proponent

Executed on _____ By _____
Signature of Controlling Officeholder Candidate State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 4

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

REGISTRATION NUMBER, ADDRESS (NO AND STREET), CITY, STATE, ZIP
[REDACTED] Lathrop, CA 95330

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

SUPPORT
 OPPOSE

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 01/01/23 through 06/30/23

CALIFORNIA FORM **460**

Page 3 of 4

I.D. NUMBER 1430788

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Minnie Diallo

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	<u>0</u>	<u>7180.00</u>	1/1 through 6/30 7/1 to Date
2. Loans Received	<u>0</u>	<u>900.00</u>	20. Contributions Received \$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<u>0</u>	<u>8,080.00</u>	21. Expenditures Made \$ <u>96.00</u>
4. Nonmonetary Contributions	<u>0</u>	<u>2,689.00</u>	
5. TOTAL CONTRIBUTIONS RECEIVED	<u>0</u>	<u>10,769.00</u>	

Expenditures Made

6. Payments Made	<u>96.00</u>	<u>9584.15</u>	Expenditure Limit Summary for State Candidates
7. Loans Made	<u>0</u>	<u>0</u>	
8. SUBTOTAL CASH PAYMENTS	<u>0</u>	<u>9584.15</u>	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	<u>0</u>	<u>0</u>	
10. Nonmonetary Adjustment	<u>0</u>	<u>2689.00</u>	Date of Election (mm/dd/yy) / /
11. TOTAL EXPENDITURES MADE	<u>96.00</u>	<u>9584.15</u>	Total to Date / / \$

Current Cash Statement

12. Beginning Cash Balance	<u>1280.85</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).
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>1,184.85</u>	

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$
--------------------	----

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$
19. Outstanding Debts	\$

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period

from 01/01/23

through 07/31/23

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Minnie Diallo

I.D. NUMBER

1430788

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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America 210 MLK Jr. Blvd. Stockton, CA 95206	PRO		Bank Fees	96.00

* 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