

**Recipient Committee
Campaign Statement
Cover Page**

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Page 1 of 4
For Official Use Only

Statement covers period
from 07/01/23
through 12/31/23

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

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 P.O. BOX)

Lathrop STATE CA ZIP CODE 95330 AREA CODE/PHONE

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

Lathrop STATE CA ZIP CODE 95330 AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Minnie Diallo

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Lathrop CA 95330

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 Date

By

Executed on 01/29/2024 Date

By

Executed on _____ Date

By

Executed on _____ Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA **460**
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Anne "Cotton" DiAllo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Lathrop City Council Member

RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET, CITY, STATE, ZIP)
Lathrop, OR 97330

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 07/01/23
through 12/31/23

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I.D. NUMBER
140307888

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
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>7,180.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>900.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>8,080.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>2,689.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>10,769.00</u>

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ <u>96.00</u>	\$ <u>9,680.15</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>9,680.15</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>96.00</u>	\$ <u>9,680.15</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>2,689.00</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>9,680.15</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>96.00</u>	\$ <u>9,680.15</u>

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>1184.85</u>	\$
13. Cash Receipts..... Column A, Line 3 above	\$ <u>0</u>	\$
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>	\$
15. Cash Payments..... Column A, Line 8 above	\$ <u>96.00</u>	\$
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,088.85</u>	\$

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$	\$
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$	\$
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$	\$

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$ <u>0</u>	\$ <u>10,769.00</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>9,680.15</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

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).

*Amounts in this section may be different from amounts reported in Column B.

Statement covers period from 07/01/23 through 12/31/23

Amounts may be rounded to whole dollars.

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Minnie Diallo

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

Table with columns: NAME AND ADDRESS OF PAYEE, CODE OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Row 1: Bank of America, PRO, BANK Fees, 96.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$ 96.00

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e))
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6)