

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED JUL 25 2023 CITY CLERK	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Paul Akinjo

STREET ADDRESS

CITY STATE ZIP CODE
Lathrop CA 95330

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Lathrop

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will use all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that I have used

Executed on 07/25/2023
DATE

By _____