

**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	<input type="radio"/> Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	12 / 14 / 2020

Date Stamp  
**RECEIVED**  
JAN 28 2021  
CITY CLERK

**CALIFORNIA  
FORM 410**

For Official Use Only

<b>1. Committee Information</b>				<b>2. Treasurer and Other Principal Officers</b>			
I.D. Number 136683 <small>(if applicable)</small>				NAME OF TREASURER Paul Akinjo			
NAME OF COMMITTEE Akinjo For Lathrop City Council 2014–2018				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]				CITY Lathrop		STATE CA	
STATE CA				ZIP CODE 95330		AREA CODE/PHONE [REDACTED]	
ZIP CODE 95330				NAME OF ASSISTANT TREASURER, IF ANY N/A			
AREA CODE/PHONE [REDACTED]				STREET ADDRESS (NO P.O. BOX) N/A			
FULL MAILING ADDRESS (IF DIFFERENT)				CITY N/A			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STATE N/A			
COUNTY OF DOMICILE San Joaquin		JURISDICTION WHERE COMMITTEE IS ACTIVE San Joaquin		NAME OF PRINCIPAL OFFICER(S) N/A			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) N/A			
				CITY N/A			
				STATE N/A			

**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 foregoing is true and complete.

Executed on 1/28/2021 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER

Executed on 1/28/21 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME Akinjo For Lathrop City Council 2014--2018	I.D. NUMBER 136683
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 1-800-225-5935	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS P O BOX 6955	CITY PORTLAND	STATE OR
		ZIP CODE 97228-6995

**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	Lathrop City Council Member	2014	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
Paul Akinjo	Lathrop City Council Member	2018	Nonpartisan <input checked="" 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
N/A			
N/A			

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COMMITTEE NAME

Paul Akinjo For Lathrop City Council

I.D. NUMBER

136683

**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

N/A

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

N/A

**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.