

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met 09 / 12 / 2022	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> Termination - See Part 5 Date of termination ____ / ____ / ____
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Date Stamp

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

**OCT 11 2022**

**CALIFORNIA FORM 410**

For Official Use Only

OCT 24 2022

REGISTRY OF VOTERS  
SAN JOAQUIN COUNTY

**1. Committee Information**      **I.D. Number** (if applicable)

NAME OF COMMITTEE  
**Sonny Dhaliwal For Mayor 2022**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

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

FULL MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
[REDACTED]

COUNTY OF DOMICILE      JURISDICTION WHERE COMMITTEE IS ACTIVE  
**San Joaquin**      **Lathrop**

*Attach additional information on appropriately labeled continuation sheets.*

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Ashok Ralmilay**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY      STATE      ZIP CODE      AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
**Sukhminder Dhaliwal**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

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

**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 [REDACTED]

Executed on 10/05/2022 By [REDACTED] ASSTANT TREASURER

Executed on 10/15/2022 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Sonny Dhaliwal For Mayor 2022				I.D. NUMBER	
<ul style="list-style-type: none"> <li>All committees must list the financial institution where the campaign bank account is located.</li> </ul>					
NAME OF FINANCIAL INSTITUTION PNCBANK		AREA CODE/PHONE 209-239-1381	BANK ACCOUNT NUMBER [REDACTED]		
ADDRESS 201 N Main Street		CITY Manteca	STATE CA	ZIP CODE 95336	
<b>4. Type of Committee</b> 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)
			Nonpartisan	Partisan	
Sukhminder Dhaliwal	City of Lathrop Mayor	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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