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Rejected: _____
Returned: PA 9-13-2022

Statement of Organization Recipient Committee

Statement Type

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

RECEIVED AND FILED
in the office of the Secretary of State of the State of California
SEP 02 2022

CALIFORNIA FORM 410
RECEIVED AND FILED
in the office of the Secretary of State of the State of California
SEP 21 2022 R/OD

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		NAME OF TREASURER		NAME OF ASSISTANT TREASURER, IF ANY			
SONNY DHALIWAL FOR MAYOR 2022		ASHOK RALMILAY		[REDACTED]			
STREET ADDRESS (NO P.O. BOX)		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
[REDACTED]		LATHROP		CA	95330	[REDACTED]	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
LATHROP	CA	95330	[REDACTED]	[REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)					
[REDACTED]		[REDACTED]					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
[REDACTED]		LATHROP		CA	95330	[REDACTED]	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
SAN JOAQUIN	LATHROP			SONNY DHALIWAL			
FULL MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
[REDACTED]		LATHROP		CA	95330	[REDACTED]	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)					
[REDACTED]		[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 foregoing is true and correct.

Executed on 08/30/2022 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 08/30/2022 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2
I.D. NUMBER

COMMITTEE NAME SONNY DHALIWAL FOR MAYOR 2022	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION PNC BANK	AREA CODE/PHONE 209-239-1381	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 201 N. MAIN ST	CITY MANTECA	STATE CA	ZIP CODE 95336

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		
SUKHMINDER DHALIWAL	CITY OF LATHROP MAYOR	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	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
		SUPPORT	OPPOSE