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SEP 01 2022

Statement of C Recipient Com	nmittee	CIT	Y CLERK	Date Stamp	CALIFORNIA 410
Statement Type	Initial Not yet qualified or Date qualification threshold met	Date qualification threshold met	Termination – See Part 5 Date of termination		For Official Use Only
1. Committee	e Information I.D. Numb	er	2. Treasurer and Otl	ner Principal Office	ers (
SONNY 7	HALIWAL FOR M	Ayor 2022	ASHOK A	PALMILAY	
STREET ADDRESS (NO P.O	. BOX)		CITY LATHROD	CA 9	ZIP CODE AREA CODE/PHONE
LATHROF		CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN		3 3 8
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO PO. BOX)		entral de la companya de la company La companya de la companya de
E-MAIL ADDRESS (REQUIR	RED) / FAX IOPTIONALL		СІТУ	STATE	ZIP CODE AREA CODE/PHONE
SAN JOAG		MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S) SOWMY DHALL	WAY	
Attach additiona	ıl information on appropriately l	abeled continuation sheets.	CITY CATCHROP	STATE CA- 95	ZIP CODE AREA CODE/PHONE
3. Verificatio I have used all repenalty of perjuit	easonable diligence in preparing		f my knowledge the information rue and correct		
	08/30/2022 By	SIG			
	8/30/2022 By	SIGNATURE OF CONTR		IRE PROPONENT	
Executed on		SIGNATURE OF CONTROLLI	ING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT	
Executed on	DATE BY	SIGNATURE OF CONTROLLI	ING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT	

FPPC Form 410 (August/2018)
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