

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

Amendment (Explain Below)
Qualified for
Committee

Date Stamp

RECEIVED
SEP 12 2022
CITY CLERK

CALIFORNIA FORM 470 SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

SUKHMINDER DHALIWAL

STREET ADDRESS

[REDACTED]

CITY

LATHROP

STATE

CA

ZIP CODE

95330

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL FAX / E-MAIL ADDRESS

[REDACTED]

2. Office Sought

OFFICE SOUGHT

MAYOR - CITY OF LATHROP

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11/08/2022

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

09/12/2022

(MONTH, DAY, YEAR)