

**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 qualification threshold met ____/____/____	Date of termination 05 / 08 / 2023

Date Stamp

RECEIVED
MAY 09 2023
CITY CLERK

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number 1454579 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Sonny Dhaliwal For Mayor 2022				NAME OF TREASURER Ashok Ralmilay			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Lathrop		STATE CA	ZIP CODE 95330	AREA CODE/PHONE [REDACTED]	CITY Lathrop	STATE CA	ZIP CODE 95330
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE San Joaquin		JURISDICTION WHERE COMMITTEE IS ACTIVE Lathrop		NAME OF PRINCIPAL OFFICER(S) Sukhminder Dhaliwal			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Lathrop		STATE CA	ZIP CODE 95330	AREA CODE/PHONE [REDACTED]	CITY Lathrop		
3. Verification				CITY Lathrop			

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 05/08/2023 By [REDACTED]

Executed on 5/8/2023 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____