

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date Stamp	CALIFORNIA FORM	470
RECEIVED	For Official Use Only	
SEP 22 2020		
CITY CLERK		

Date of election if applicable: (Month, Day, Year) <u>11-3-2020</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
SUKHMINDEK S. DHALUWAL

STREET ADDRESS
[REDACTED]

CITY LATHROP STATE OR ZIP CODE 97130

AREA CODE/DAYTIME PHONE NUMBER [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MAYOR

JURISDICTION (LOCATION)
CITY OF LATHROP

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/22/2020
DATE

By [REDACTED]

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

Amendment (Explain Below)

Date Stamp

CALIFORNIA
FORM **470**
SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

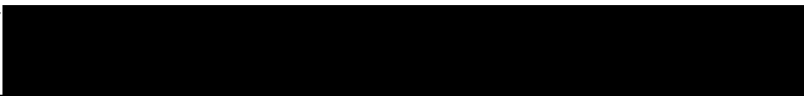
This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

SUKHMINDER S. DHALIWAL

STREET ADDRESS



CITY STATE ZIP CODE

LATHROP

CA

95330

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS



2. Office Sought

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)

MAYOR

DATE OF ELECTION (MONTH, DAY, YEAR)

11-3-2020

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

(MONTH, DAY, YEAR)