Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Segistration of Vote Scienters California 470 Imperial County Imperial County				
 -	Statement Covers Calendar Year 20 24	,	•				
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Teffrey Charles Sturder STREET ADDRESS! 2471 Steepleten Ave CITY The period AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE CA 9225) OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought of the Office		College	Area 3 DISTRICT NUMBER (IF APPLICABLE)	Trus
4.	Committee Information List all committees of which you have knowledge the COMMITTEE NAME AND I.D. NUMBER	nat are primarily formed to rece	eive contributions or to make e	xpenditures on behalf o		/. F TREASURER	
 5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I c Executed on 67/36/2024	knowledge I anticipate that I will r ertify under penalty of perjury und	receive less than \$2,000 and that der the laws of the State of Califor	rnia that the foregoing is tr	000 during the cale rue and correct.	endar year and tha	at I have used