wers	Date of election if applicable: (Month, Day, Year)   ///5/24	
Statement Covers Calendar Year 20 🗷	<u>-</u>	1 1
1004		02
Demin Rodiles  STREET ADDRESS  1350 Appaloosa RD	STATE ZIP CODE	
EL Centro  AREA CODE/DAYTIME PHONE NUMBER  760-791-4911	CL 93343 OPTIONAL: FAX/E-MAIL ADDRESS	,-
<ol> <li>Committee Information</li> <li>List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.</li> </ol>	that are primarily formed to receive cont	ibutions or to make expend
COMMITTEE NAME AND I.D. NUMBER	COM	COMMITTEE ADDRESS
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.	ny knowledge I anticipate that I will receive les certify under penalty of perjury under the lav	ss than \$2,000 and that I wil ss of the State of California t
Executed on 8/8/24		By CC