

Candidate Intention Statement

Registrar
of Voters

CALIFORNIA FORM **501**
For Official Use Only

Date Stamp
AUG 08 2024

Imperial County

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Rodiles Demian H. DAYTIME TELEPHONE NUMBER (760) 791-4911 FAX NUMBER (optional) _____ EMAIL (optional) _____

STREET ADDRESS 1356 Appaloosa RD CITY El Centro STATE CA ZIP CODE 92243

OFFICE SOUGHT (POSITION TITLE) Central Union - School Board AGENCY NAME _____ DISTRICT NUMBER, if applicable, NON-PARTISAN OFFICE _____

OFFICE JURISDICTION _____ PARTY PREFERENCE: (Check one box, if applicable.)
 State (Complete Part 2.) County Multi-County: _____ (Name of Multi-County Jurisdiction) _____
 City Primary / General Special / Runoff

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

- I did not exceed the expenditure ceiling in the primary or special election held on _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

- On _____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/8/24 (month, day, year) Signature [Signature] (optional)