

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

**CALIFORNIA 410
FORM**

For Official Use Only

Date Stamp
**Registrar
of Voters**

SEP 26 2024

Imperial
County

1. Committee Information

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Demian Rodiles

NAME OF TREASURER

Demian Rodiles

STREET ADDRESS (NO P.O. BOX)
1356 Appaloosa rd

STREET ADDRESS (NO P.O. BOX)
1356 Appaloosa Rd

CITY
El Centro

STATE
CA

ZIP CODE
92243

STATE
CA

ZIP CODE
92243

AREA CODE/PHONE
760-791-4911

EMAIL ADDRESS OF TREASURER (REQUIRED)
Drodiles@gmail.com

AREA CODE/PHONE
760-791-4911

NAME OF ASSISTANT TREASURER, IF ANY

CITY
El Centro

STATE
CA

ZIP CODE
92243

STREET ADDRESS (NO P.O. BOX)

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

NAME OF PRINCIPAL OFFICER(S)
Demian Rodiles

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
Drodiles@gmail.com

STREET ADDRESS (NO P.O. BOX)
1356 Appaloosa Rd

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)
Drodiles@gmail.com

COUNTY OF DOMICILE
Imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE
Imperial County

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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 9/26/24 By [Signature]

DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/26/24 By [Signature]

DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Elect Demian Horacio Rodiles 4 CUHSD Board

I.D. NUMBER

All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

Pending

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

4. Type of Committee *Complete the applicable sections.*

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Demian Rodiles	Central Union High School Board	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

	CHECK ONE	
	SUPPORT	OPPOSE