

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

(Government Code Section 84206)

SHORT FORM

**CALIFORNIA
FORM 470**

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

11/05/2024

Amendment (Explain Below)

Date Stamp

**E-Filed
09/25/2024
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212160439**

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Eddie Howard

STREET ADDRESS

CITY

STATE

ZIP CODE

Duarte

CA

91010

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

(626) 549-7808

EddieHoward40@hotmail.com

OFFICE SOUGHT OR HELD

DUSD - Board Member, Trustee Area #3

JURISDICTION (LOCATION)

Los Angeles County

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
Howard for School Board ID# Pending	Bradbury, CA 91010	Sabrina Mayes

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 09/25/2024
DATE

By Eddie Howard
SIGNATURE OF OFFICEHOLDER OR CANDIDATE