

Officeholder and Candidate Campaign Statement – Short Form

(Government Code Section 84206)

SHORT FORM

CALIFORNIA
FORM **470**

For Official Use Only

Date Stamp

E-Filed
10/09/2024
06:26:51

Filing ID:
212268833

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

11/05/2024

☒ **Amendment** (Explain Below)

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

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

3. Office Sought or Held

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 10/09/2024
DATE

By Eddie Howard
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84206)

FORM 470 SUPPLEMENT

CALIFORNIA
FORM **470**
SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

☒ **Amendment** (Explain Below)

Date Stamp

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Eddie Howard

STREET ADDRESS

CITY

Duarte

STATE

CA

ZIP CODE

91010

AREA CODE/DAYTIME PHONE NUMBER

(626) 549-7808

OPTIONAL: FAX / E-MAIL ADDRESS

EddieHoward40@hotmail.com

2. Office Sought

OFFICE SOUGHT

DUSD - Board Member, Trustee Area #3

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11/05/2024

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

10/04/2024

(MONTH, DAY, YEAR)

Additional Comments
For Form 470

Amendment Description

ADDITIONAL COMMENTS	
CALIFORNIA FORM	470
Page 3 of 3	
I.D. NUMBER Pending	

NAME OF FILER
Eddie Howard

Reached the \$2000 Threshold