	ceholder and Candidate npaign Statement –			RECEIVED	california 470 form	
Sho	ort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Bolow)	JUL 18 2024	For Official Use Only	
		Nov 5,2024		Kings County Elections		
1,	Statement Covers Calendar Year 20	- •				
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Ceil W Howe, STREET ADDRESS		3. Office Sought or Held OFFICE SOUGHT, OR HELD DIVECTOR, Empire Westside INVICATION DISTRICT NUMBER (IF APPLICABLE)			c
4.	AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE # 93266 OPTIONAL: FAX/E-MAIL ADDRESS		City of the ball of the condidate		==
••	List all committees of which you have knowledge that are primarily formed to receive contributions or to make expe			NAME OF TREASURER		
	·					_
5.	Verification I declare under penalty of perjury that to the best of mall reasonable diligence in preparing this statement.	y knowledge i anticipate that I will certify under penalty of perjury ur	receive less than \$2,000 and that I will s nder the laws of the State of California th			d
	Executed on DATE		Ly	SIGNATURE OF OFFICEHOLDER OR CANDIDA	TE .	