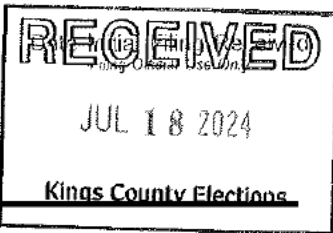


**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Howe Jr Ceil Walter

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
Empire Westside Irrigation District  
Division, Board, Department, District, if applicable Your Position  
Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: South Fork Kings GSA Position: Director

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of Kings
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is \_\_\_\_\_ through December 31, 2023.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2023, through the date of leaving office.
- or- The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Date of Election Nov 5, 2024 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: \_\_\_\_\_

**Schedules attached**

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-  None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
[Redacted] Stratford CA 93266  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
[Redacted] chowejr@westlakefarmsinc.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 4/2/2024  
(month, day, year)

Signature [Redacted]  
(File the originally signed paper statement with your filing official.)

## SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name  
Ceil Howe Jr.

**▶ 1. BUSINESS ENTITY OR TRUST**

Westlake Farms, Inc.  
Name

Newton Ave, Stratford, CA 93266  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2      Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Farming

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/23     ____/____/23
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED     DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership      Sole Proprietorship      Stock      Other

YOUR BUSINESS POSITION President

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None     or      Names listed below

See Attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT      REAL PROPERTY

See Attached

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Farming

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/23     ____/____/23
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED     DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust      Stock      Partnership

Leasehold \_\_\_\_\_ Yrs. remaining      Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Howe Family LP  
Name

Newton Ave, Stratford, CA 93266  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2      Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/23     ____/____/23
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED     DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership      Sole Proprietorship      Other

YOUR BUSINESS POSITION Partner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None     or      Names listed below

See Attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT      REAL PROPERTY

See Attached

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Farming

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/23     ____/____/23
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED     DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust      Stock      Partnership

Leasehold \_\_\_\_\_ Yrs. remaining      Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

January - December 2023 California Statement of Economic Interest, Form 700  
Schedule A-2 Investments, Income and Assets of Business Entities/Trusts  
Reportable Source of Income/Loans of \$10,000 or More

Westlake Farms

Brawley - TF Farms  
4LC  
BCE Properties  
Countryside Dairy  
Backroad Ranch  
Golden AAA Ranch LLC - Poplar  
Golden Ag Almonds - Pixley  
Fagundes Fresno 127 - TF Farms  
Penny-Newman Grain Co.  
Harris Farms Inc  
Forebay Farms  
Wonderful/PARAMOUNT  
Bulldog Almond LLC  
Harris Woolf California Almonds  
Trinitas - Olives  
The Almond Company  
Trinitas

January - December 2023 California Statement of Economic Interest, Form 700  
Schedule A-2 Investments, Income and Assets of Business Entities/Trusts  
Reportable Source of Income/Loans of \$10,000 or More

Howe Family LP

Opteo Health Acuity  
Wonderful Pistachios & Almonds LLC  
Yan Kenyon, LLC  
David J. Winterton & Associates  
Patel Educational Services  
Cornerston Merchant Services  
Ellsworth & Gillman, CPA's  
T-Mobil  
Fresenius Vascular Care of CO  
AutoZone  
S&C Claims Services, Inc.  
RubinBrown LLP  
Leavitt Insurance Agency  
DaVita Dialysis Center  
Walgreens Store Bellingham WA  
Carondelet St. Mary's - Northwest, LLC  
Intermountain Medical Imaging, LLC  
United States Treasury

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Ceil Howe Jr.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
[REDACTED] Newton Ave

CITY  
Stratford

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 23      DISPOSED      /      / 23

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 23      DISPOSED      /      / 23

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_%       None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_%       None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

Comments: \_\_\_\_\_

January - December 2023 California Statement of Economic Interest, Form 700  
Schedule A-2 Investments, Income and Assets of Business Entities/Trusts  
Real Property Held or Leased by the Business Entity

Owner	APN
Westlake	[REDACTED] 012
Westlake	[REDACTED] 014
Westlake	[REDACTED] 020
Westlake	[REDACTED] 037
Westlake	[REDACTED] 041
Westlake	[REDACTED] 042
Westlake	[REDACTED] 004
Westlake	[REDACTED] 007
Westlake	[REDACTED] 013
Westlake	[REDACTED] 014
Westlake	[REDACTED] 006
Westlake	[REDACTED] 011
Westlake	[REDACTED] 022
Westlake	[REDACTED] 023
Westlake	[REDACTED] 078
Westlake	[REDACTED] 027
Westlake	[REDACTED] 001
Westlake	[REDACTED] 007
Westlake	[REDACTED] 038

January - December 2023 California Statement of Economic Interest, Form 700  
Schedule A-2 Investments, Income and Assets of Business Entities/Trusts  
Real Property Held or Leased by the Business Entity

APN
[REDACTED]-024
[REDACTED]-099
[REDACTED]-101
[REDACTED]-103
[REDACTED]-105

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Ceil Howe Jr.

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Westlake Farms, Inc

ADDRESS (Business Address Acceptable)  
Newton Ave, Stratford, CA 93266

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Farming

YOUR BUSINESS POSITION  
Officer

GROSS INCOME RECEIVED  No income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Kings River Conservation District

ADDRESS (Business Address Acceptable)  
East Jensen Ave, Fresno, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Agency

YOUR BUSINESS POSITION  
Director

GROSS INCOME RECEIVED  No income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other Director's Fees  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_ %  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence  
 Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_